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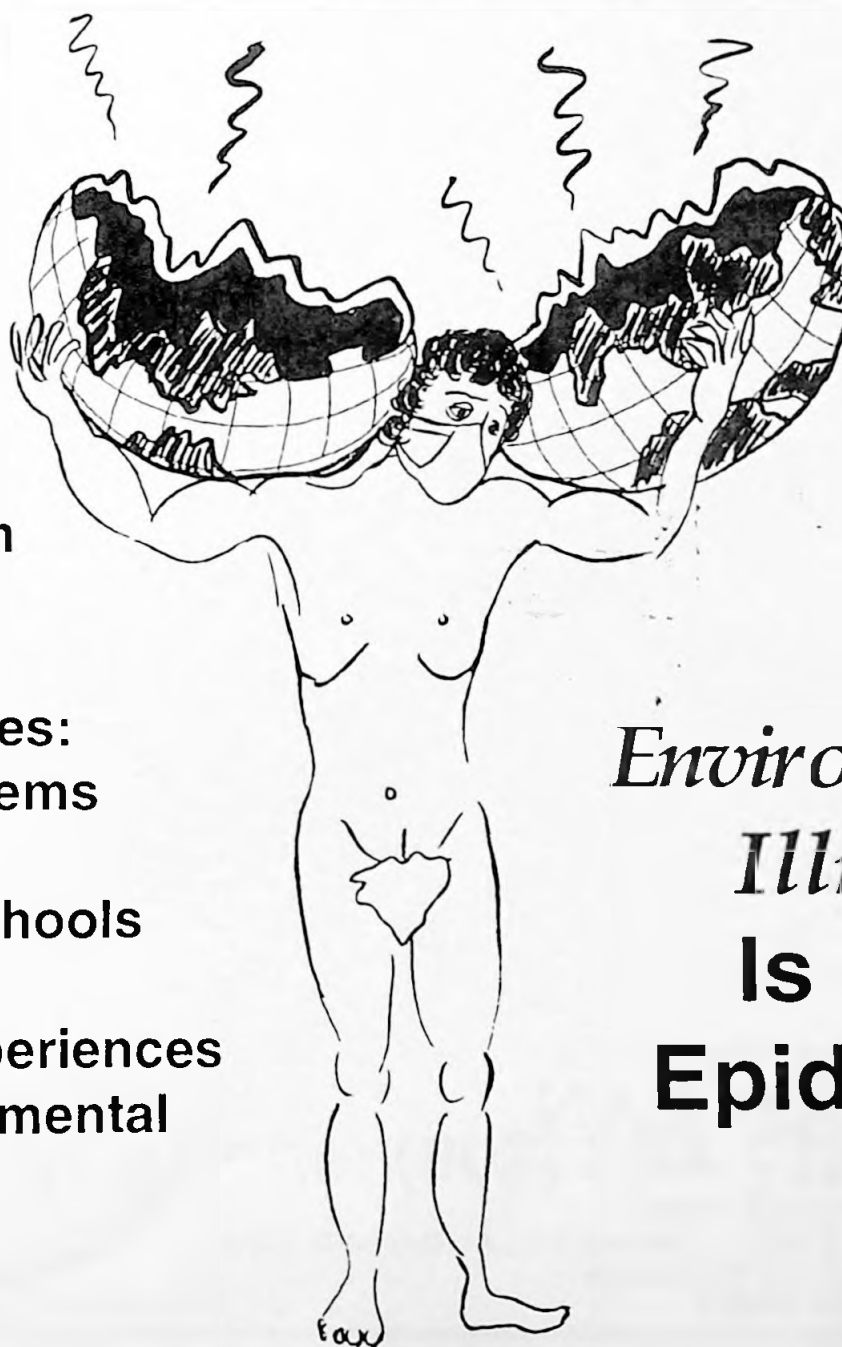


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## Editor's Notes



**David Cheyne**

Here it is...FINALLY...the Spring issue (coming out in July!). I have traditionally had each issue focus on a subject and included articles pertaining to it. This issue I have taken a different approach using articles written by those affected by the illness to show how it impacts on their everyday life.

Also, in this issue, are the contributions of three new writers. Mike Milburn will be writing articles related to Chinese Herbal Medicine, Gwen Whitford will be writing about various EI-related topics and Dr. Michel Joffres, Research Director for the Environmental Health Clinic - Dalhousie University, will be providing information on EI research.

Sadly, I have to say that I have tendered my resignation and this will be my last issue as Editor of the UPdate. I was hoping to publish a year's worth of the UPdate before making a decision, but time constraints have forced me to bow out earlier than expected.

I regret that I couldn't get this issue out sooner. Soon after agreeing to take on the role of Editor, I accepted a full-time employment position, and my business happened to flourish at the same time. From that point on, there have been a lot of 18 to 20 hour days performing a juggling act and trying to squeeze in some precious time for my family.

I appreciate the opportunity over the past four years in bringing helpful information to the Nova Scotia and National AEHA/AASE members. I hope there will continue to be people in the organization who will "carry the torch".

There is one advantage in knowing when you are leaving and that is having the opportunity to make some parting comments.

My wife and children have been struggling with this illness for almost five years. Over this time, I have learned that you can't rely on any "magic pill" or on any one person to give you advice. Keep an open mind and don't be afraid to go against "conventional wisdom". Trust your own judgment and go with your gut feeling.

I leave you with a quote from a very inspiring movie, *Shawshank Redemption*, which conceivably symbolizes one's struggles with EI (I highly recommend it)...

*"Well, you can live... or you can die."*

Good bye and God Bless!

Note: I understand the new Editor (Daphne Viau-Holland) is expecting to have the Summer issue out some time in August. Keep an eye out for it. ☺

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# Letters



## Letters to the Editor

### Mailing address:

AEHA National Update  
Mic Mac RPO Box 24030  
Dartmouth, Nova Scotia  
Canada  
B3A 4T4

### Hates the New Format

I will NOT be renewing my subscription and membership (in the AEHA) for the following reasons:

- the print is far too small
- the ads are for various places that are out in Eastern Canada. I happen to live in BC...Western Canada!
- National should cover ALL of Canada, not just the Far East
- too many ads in general

*Violet Chupik  
Surrey, BC*

### Likes the New Format

Congratulations on an excellent first issue of the AEHA National Update. I can see the need for some Western participation – articles, food sources and such.

I will endeavor to produce a list of organic food sources and a list of informed practitioners for the BC Interior for a future issue.

*M. Jean Stephens  
Logan Lake, BC*

We picked up the premiere issue of the AEHA National Update at the Halifax Farmers' Market. We read it from

cover to cover and enjoyed it very much – lots of good information and resources.

*Anne & Joe Mason  
Wellington, NS*

### A Compliment?

An excellent beginning – if only from my somewhat tunnel-vision perspective of literacy (consequence of years with a publishing firm). Only three printings of the telescoped verb-form "It's" when the possessive pronoun "Its" was required. If this reads like a back-handed compliment, it certainly isn't meant to be. That misplaced apostrophe remains the ubiquitous error in the printed word today, and how many burgeoning magazines, full of good ideas and presentations, become less than effective because of faulty syntax and sloppy proofreading.

So – without condescension, much less offense – thank you for this. The articles are informative, and you can only go forward.

Thank you, also, for your initiative. The best things are coming out of tiny Nova Scotia, obviously the future health leader of this country, while gigantic Ontario, home to the pharmaceutical money-bags, looks to remain bogged down in Establishment ignorance and arrogance.

*E. Davis  
Scarborough, ON*

### A Cry for Help!

I was in a motor vehicle accident in July, 1992. I had a severe injury from which I developed Fibromyalgia Syndrome.

I also have had a Hypothyroid condition for the past 20 years and after taking medication for the first 18 years, I became allergic to it, two years after the MVA. I was in hospital for six weeks trying to get the medication into me. I had an allergy skin test done where I found out I was allergic to throxine, corn starch, potato starch and acacia gum.

As time went on, I became allergic to all medications, many foods and other things such as perfumes, sprays, detergents, etc..

I am getting worse all the time. My family doctor has sent me to the Emergency Dept. by ambulance on several occasions. They would look at me like I was crazy and my Thyroid specialist still thinks it's all in my head.

I have been off the medication for the past eight months. Sometimes I know what triggers it, other times I don't. In some severe reactions, my voice is reduced to a whisper, my throat gets tight as well as my chest. I have asthmatic reactions, bad headaches, pains in my face and neck, numbness, upset stomach, abdominal pain, sinus infection, dizziness, fatigue, joint pains, and sleep disturbance.

The only thing I can take is an adrenaline injection. I have gotten to the point where I am afraid to go out anywhere, afraid I will come in contact with or eat something that will trigger a reaction.

I was so bad about a week ago, I ended up with seventeen injections from Tuesday to Saturday. Sometimes I get depressed, but I have to keep my spirits up. Some people say they don't know how I do it.

While shopping for some of my foods at Mary Jane's in St. John's, my niece saw the UPDATE and picked up a copy for me. I have enjoyed reading it and getting information from it.

I would like people with E.I. to contact me to let me know what caused their problem and the treatment they are receiving, as well as what their symptoms were. Please write or phone:

Mrs. Joan Lundrigan  
P.O. Box 874  
Manuels C.B.S., NF  
A1W 1N4  
(709) 834-5047

## Less and Less Health Care

A few years ago it was announced by the Province of New Brunswick that antihistamines would no longer be covered by the province for those suffering from allergies; however, medical coverage will continue to apply for another condition unrelated to allergies. If one wondered what antihistamines were designed for, or moreover what the provincial health care is designed for then please read on.

Recently, Blue Cross announced that they no longer consider allergy serum a prescription drug - that it is considered much like antihistamines now. Blue Cross has stated that it no longer provides coverage for allergy serums. I have received a letter from Bencard Allergy Laboratories stating that "... allergy serum is a prescription drug...."

The newspaper, The Times-Transcript on Tuesday May 21, 1996 page 8 carried a story that Blue Cross will no longer provide coverage for liquid oxygen.

What little health care coverage that was available to those allergy sufferers

choosing to improve their quality of life and/or health is now being seriously eroded. One now may ask if any health care coverage exists.

I would ask what strategy will the AEHA use to ensure that health care coverage will be re-instated.

Marilyn Shaw-Guisset  
Moncton, NB

## Need Info on Benadryl

I am wondering if anyone has any experience using Benadryl as a local anaesthetic in place of the more usual Xylocaine or Cytanest, even the cardiac forms which are free of epinephrine, due to sensitivity. Also, why does the package insert say not to use it for this purpose when it seems to work so well. With this express contraindication, why might a physician use it in this manner with confidence. I would appreciate any information. (Please mail it to the AEHA or call the 1-800 number.)

Helen Lofgren  
Halifax, NS

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# Travel Tips

## Trouble-Free Take-Offs (and Landings)



Gwenith Whitford

**D**oes flying make you feel sick? Are you overwhelmed by odors in hotel rooms? Is dining out a trial? Traveling can take its toll on anyone. People with environmental illness are particularly susceptible when spending time away from their safe havens.

However, with a little forethought and advance preparation, it may be possible to have a healthier and more pleasurable trip. The potential problems may seem overwhelming at first: insecticides used on planes and in hotel rooms; stuffy air in planes, in hotels and in restaurants; cigarette smoke; foods with unfamiliar ingredients. Fortunately, many of these difficulties and discomforts can be reduced or avoided.

It is imperative to get lots of rest before you go. Eat only a few foods that you can tolerate, or fast on the day of travel, if you can stand it. Try to get some fresh air and exercise too. If you follow these steps, your immune system may be better able to handle any unanticipated exposures. As persons with EI are disabled in varying degrees and react differently to various substances, it is important to consult with an informed physician for individualized medical advice before embarking on any journey.

When I travel, I try to pack foods that I can tolerate. By checking with customs officials for specific countries, you will be informed as to what goods can be brought into certain destinations. Of course, these supplies would be for

has always been worth the extra effort. I take my own soap and shampoo, cotton pillow, bed sheets and barrier cloth or aluminum foil to put over the mattress or the airplane seat. This helps to protect against dust mites and chemicals which may be off-gassing from the material. It has been suggested that economy class seats are better than first class for sensitive individuals who react more to plastic and vinyl.

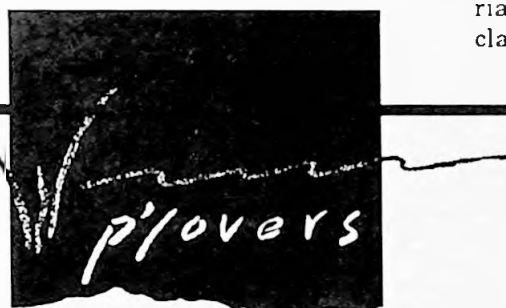
I always bring as much bottled water as I can carry onto the plane, and take along a portable hiker's filter for use at my destination. Also included in my on-flight bag to help offset reactions are my neutralizing sublingual serums, sagopalp vitamin C and bi-salts or tri-salts or Alka Seltzer Gold. Other essentials include acidopholus, to help keep the good bacteria present in the intestines and ginger capsules for motion sickness.

Airplane air is notorious for being bad. Continuous oxygen at four litres per minute has been helpful for me. I only take off the mask to eat and to go to the wash-room. Unfortunately, my ceramic mask is attached to tubing which will not fit into the airline's equipment, but

personal use only. Normally, fresh produce and meats are not permitted.

Although I do not "travel light," it

it might be worth taking your own mask if you have problems with the plastic ones. Many airlines will provide oxygen (for a price, of course) provided that it



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has been prearranged through your travel agent, and a doctor has prescribed it for you. I have found most Canadian airlines to be cooperative and understanding. If they will not provide oxygen or allow you bring your own, then there is too much potential for a problem. Stick with one that can guarantee pre-ordered in-flight oxygen as part of their service.

While not everyone has success with oxygen, a mask with a charcoal filter may be just as helpful. Be sure to have it on during take-off and landing, when more exhaust fumes are likely to enter the cabin. A wet wash cloth held over the mouth and nose until it becomes saturated with vapours may be useful if nothing else is available. If the air seems really stuffy, inform the flight attendant. The pilot may be able to increase the flow of fresh air. Avoid sitting near a washroom or by someone who is heavily scented. Make sure that the flight attendants are aware of your condition. Ask to be moved if you feel unwell in a certain location.

Because of a disability such as chemical sensitivities, it may be possible to ask for pre-boarding privileges, especially for setting up the oxygen right away. Enquire about a special room or area to wait for boarding, in order to avoid cigarettes and other offensive odors. While in flight, drink plenty of (tolerated) non-alcoholic fluids so that you won't dehydrate.

When planning to travel to any tropical destination by plane, be sure to ask whether the airplane cabin will be sprayed with insecticide before passengers can disembark. If there is a chance, it would probably be safer to choose another destination. Your travel agent can confirm this with the airline. A number of Caribbean, Central American and South American countries have regulations in effect for insecticide spraying of occupied aircraft cabins on arriving international flights.

Finding the right accommodation for your special needs may take a bit of research, but will likely be worth the effort. You might want to consider the

following: an older hotel (but not too old); no recent renovations; no carpets; windows that open; no recent extermination; a non-smoking floor; location away from airports or industry. In my experience, smaller resorts and inns may be friendlier and more accommodating of one's "unusual" requests.

They may not be as zealous about pesticide use as some of the larger complexes. A room on the second floor or higher may be more beneficial, but avoid being near the roof, if it is made of asphalt or tar. If sensitive to chlorine, refrain from choosing a location near the pool. Be wary of gardens because of the potential for pesticides. An ocean-front room may cost a bit more, but it may reward you with fresher air (if you are in the right climate and locale!).

I always ask nicely if the maid would not use strong cleaners or insecticides in the room because of my "allergies." Otherwise, she gets the week off! Of course, I do offer an alternative that I have brought along such as mild detergent and baking soda. I also promise to keep the room crumb-free. No one has refused me yet. You can also leave notes around your lodging which indicate what you would like (or not like) to have done. A room with an electrically-powered kitchenette has always been a bonus for me. That way, you can buy the food that you want, prepare our own meals and save some money too!

When checking into a room, stay in it initially for about 15 minutes. If you begin to feel unwell, ask to see another one. You may have to try this a few times. When in a room that is tolerable, it might also be beneficial to sleep with your head at the foot of the bed. This way, you have some distance from the headboard and the wall, which could be off-gassing chemicals.

For U.S.-bound travelers, there are some sources of information which list hotels and other properties that cater to the special needs of the environmentally sensitive. Charges for these services are approximately \$5 to \$10 U.S. above the basic room rate. (See resources at the end of this article).

In warmer weather or tropical climates, dining "al fresco" can be an enjoyable experience in unpolluted air. It is prudent to stay upwind of smoke and scents and to remove candles from the table. One can order simply prepared foods in many establishments by requesting grilled, poached or baked dishes, with no sauces. Vegetables can be steamed or raw, as per individual tolerances. Of course, depending on the country, you may have to be wary of fruits and vegetables washed in local water. Fruit juices or punches may contain sugar or another sweetener, so be sure to ask when ordering the item. Eating fewer foods should lessen your total load. If you cheat and stray from safe foods, you'll certainly know it soon enough.

In many places, food and chemical sensitivities may be unheard-of phenomena. It is always helpful to employ the utmost of patience, courtesy and diplomacy when presenting "unusual" requests for assistance. Think of yourself as an ambassador for everyone who has the same medical challenges. Thank you for your consideration.

A travel agent who understands (or at least respects) the nature of your special needs would be a tremendous asset. If the counselor does not take you seriously, then do not hesitate to look for someone else.

Good advance preparation and thorough planning for your unique situation while away from home should ensure an enjoyable time. Have a healthy and happy trip!

## Resources

The American Academy of Allergy and Immunology, 611 E. Wells Street, Milwaukee, WI 53202 has a pamphlet on "Pollens around the World" and a "U.S. Pollen Calendar." Both are free. Phone (414) 272-6071.

Face masks with charcoal filters are available at Plovers Environmental Store, Park Lane, Halifax, 1-800-565-2998 or (902) 422-6060 or Earthly Goods, 372 Danforth, Toronto, (416) 466-2841

(call collect) or NICO Professional Services, 1515 West 2nd Avenue, Vancouver, Phone: (604) 733-6530; Fax: (604) 733-6506.

Hospitality Plus Travel Guide for the chemically sensitive has travel tips and lists of U.S. properties. Contact: Human Ecology Action League, PO Box 29629, Atlanta, GA 30359; phone (404) 248-1898. Cost: \$16 USD (non-members) or \$8 USD (members).

"Green Rooms" for U.S.-bound environmentally ill travelers can be found through the following agencies:

1. Preservations Travel Agency, Oakland, CA. Ask for "Green Suites" available in California, Arizona and Nevada. Phone 1-800-3GREEN3 or Fax: (510) 655-4566.

2. EverGreen Rooms in Wilmington, North Carolina installs properties with air and water filtration systems in Florida and other parts of the U.S. For a brochure, call 1-800-929-2626 or (910) 799-7955.

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# EE Research

## Challenges of Research in Environmental Illness



Dr. Michel Joffres

**H**ow do we do research in an area that is so controversial that emotions rather than questioning seem to be ruling? Have we lost our spirit of exploration, adventure and the spirit of inquiry? Beliefs rule under the name of Science and we constantly hear the motto from those who hide under the pseudologic: "there is no evidence that the disease even exists, there is no diagnostic test, no validated treatment, therefore people presenting with what is labeled as Multiple Chemical Sensitivities (or any other name you want...) are not presenting with anything new, and should be treated by the traditional medical care system".

Of course, there is no evidence because there are no convincing studies. There are almost no studies because not many "reputable" researchers would dare to venture in a field where almost everything has to be discovered, and where daring to submit a proposal is the death sentence from the "scientific" community, and the assurance to lose your credibility and friends.

Or, if one ventures, it is most of the time to prove (not test) that what people experience can be put in the waste land of what clinicians call somatic disorders. Studies on a few individuals are common. They lack statistical power to find anything. They use questionable hypotheses, under the glitter of some well respected basic science, that may have very little to do with the illness, and under questionable study conditions, to conclude, in a well respected journal that there are no significant findings,

---

*"(Clinicians) use questionable hypotheses... that may have very little to do with the illness... to conclude, in a well respected journal that there are no significant findings..."*

---

therefore that the illness does not exist!

On the other hand there is the opposition, that has mounted cardboard barricades of anecdotal evidence, but that never had the study design nor the rigor in the publication of their results to be convincing, and were easily bulldozed by the tanks of the medical establishment. And I am not saying whether they are right or wrong.

What it means is that people with an interest in the condition should start listening, observing, forming ideas and putting them to the test, with a BIG question mark in their mind!

Of course, you are waiting for me to say that in Nova Scotia we will shed the light on this issue, that we will do the "right" things, under the "right" conditions, and publish the "right" findings. Well it is not that easy, but we will do our best, as we have most of the ingredients to produce some of the best research. I still leave the question mark.

So what are we up to? To make it brief and not boring, we are first looking

at improving the definition of the illness. We are looking into what happened to people at the Camp Hill Medical Centre, from occupational health records, that could shed some light on the development of the illness and the most common symptoms that have been described. This retrospective study will also give us a look at the natural history of the illness. By the way, there is no mass psychogenic illness that lasts several years. Otherwise we in Nova Scotia should be in the Guinness book of records! In addition, using a modified questionnaire kindly shared by the Toronto Health Survey group from the University of Toronto (yes, we are not the only one at risk...), we will shortly give the questionnaire to the 1,300 people on our treatment and waiting lists. In addition, we expect to do in depth interviews to better understand the illness and generate hypotheses for further testing.

It would be nice to be able to have a home diagnostic kit and 20 seconds later be able to say with 99% certainty YES or NO you have this illness! Well, we seem quite far from this, but a lot of my colleagues will argue that we have some valid tests. Sorry, BUT we still need to validate those tests under randomized, blind, and controlled conditions! It is the only way we will be able to make some progress, even if we are not able to convince the invincible.

It would also be nice to put people in a machine and be able to tell them that the goddess of technology has confirmed that what they had was not the product of menopause or something not environmental on their brain. Well, that might

be possible with a brain scan, if we are able to reproduce a study starting now at Harvard. There might not be very specific changes, and I can't wait to see the conclusions from the medical community if it is negative (told you it doesn't exist!! A tiny jump in conclusions...).

Of course, if we could expose people to what they seem to be reacting to and look at some magic number on a screen, in blind conditions, I am sure we would have a few more minds opening up to the possibility that after all, these people might have something. Well, this is not easy to do. From the engineering point of view, within a reasonable cost, it is a challenge. We will still put the idea to the test in the new ultra clean facility that is under construction.

In the meantime, we cannot tell people, go see your GP, then a specialist. People have done that too many times with what seems very little success. We cannot either tell people we will treat you only when we have something that is "scientifically" proven. Looks like a catch 22 situation? So, we are starting to explore a few treatment regimens that seem to have had some effect, but are in a bad need of a good randomized controlled trial (I know I have mentioned the RCT word too often for some people's taste, but right now, I don't see any other way out) or any other valid design.

And, to do all this research, and generate new ideas, there is no other way than to involve everybody in the clinic in research, including people with the illness. And we will do just that. The results? When we have results, whatever they are, they will be available for scrutiny and should be reproducible. A research committee has also been put in place to ensure that this will not be a garbage in/garbage out venture, but that it will truly make a difference for people, because we should never lose sight of what is our "raison d'être", the people with the illness. ☺

*Dr. Michel Joffres is currently the Director of Research for the Environmental Health Clinic at Dalhousie University, Nova Scotia. He is also Associate Professor in the department*

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*of Community Health and Epidemiology, Faculty of Medicine at Dalhousie University. Dr. Joffres has an MD degree from Toulouse, France, a Ph.D. in Epidemiology, and a specialization in Preventive Medicine from the University of Hawaii.*

*He was co-investigator of the Honolulu Heart Program, then moved to Edmonton, where he worked with the Department of Pediatrics and then with the*

*Department of Health where he was the Provincial Chronic Disease Epidemiologist, heading and developing the Alberta Heart Health Project. He was chair of the Conference of Principal Investigators of the Canadian Heart Health Initiative, has published in major international journals and has been a reviewer for several journals and reviewer and member of national review committees.*





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# Organic Growing

## Organic Certification in Canada

**S**tandards for organic agriculture have been available for more than twenty years, yet the lack of a clear definition of organic food has made buying it a guessing game for many. Organic, Certified Organic and Canada Certified Organic all appear to have different meanings, and for the past three years the Canadian Organic Advisory Board (COAB) has been attempting to develop national standards to properly define them.

In the 1970's, organic food changed from being a foodstuff for a tiny niche market to a commodity that had large-scale market appeal. Organic farmers who had been supplying an exclusive market found themselves competing for market share. A rash of organic associations sprung up to promote their products and encourage better husbandry practices. In the midst of the marketing frenzy food buyers began to demand verification that their foodstuffs were truly organic.

In 1972, the International Federation of Organic Agriculture Movements (IFOAM) was founded in Germany with the purpose of creating minimum standards of practice for organic growers. Although modern day organic agriculture had existed since before the Second World War, agreement about acceptable organic husbandry methods was varied. For example, the fungicide "Bordeaux mixture" (copper sulfate and hydrated lime) was generally considered organic because it was neither a petrochemical pesticide nor a heavy metal such as lead arsenic. Manure, too, was usually given the okay for the simple

---

*"In the midst of the marketing frenzy food buyers began to demand verification that their foodstuffs were truly organic."*

---

reason that it did not come from a bag. Through organizations such as IFOAM, the use of Bordeaux mixture was eventually restricted because of its toxicity to insects and caution was advised on handling uncomposted manure - a potential pollutant of ground water. Acting more as an advisory and regulatory agency, IFOAM does not certify farmers, but accredits those organizations wishing to do so.

In the Atlantic Provinces, certification began in the mid-1980's with the formation of provincial chapters belonging to the U.S.-based Organic Crop Improvement Association (OCIA). The OCIA has member chapters in both North and South America and is widely known for having among the most rigorous certification standards in the world. Members must submit to independent third party inspection of their farms, provide a detailed set of farm accounts and make royalty payments (a check-off) on products sold under the OCIA label.

Every product sold carrying the OCIA label must, in theory, be traceable from the store shelf back to the field it



Rupert Jannasch

was grown in by an audited paper trail. This trail includes products passing through the hands of non-farmer processors. The system is designed to prevent fraud and a repeat of the German scandal where at one time, twice as much organic bread was being produced in the country as there was organic grain to bake it with.

In recent years, many other certification bodies have sprung up across Canada and the U.S. with standards similar to those of the OCIA. Others, however, have found OCIA guidelines to be unwieldy and have developed standards tailored more to regional needs. In Nova Scotia, for example, many OCIA members objected to dealing with mountains of paperwork for an American-run association rather than concentrating on local crop improvement. In many cases, the detailed farm plans and audit trails were simply unnecessary, and the certification costs too high, given that most growers were selling privately or at a farmers' market.

In 1992, the Nova Scotia Organic Growers Association (NSOGA) was formed by disgruntled OCIA members with the intention of promoting organic agriculture and establishing a regional certification program. Four former OCIA-NS members have since joined the organization's Prince Edward Island chapter. About the same time, a splinter group from the New Brunswick chapter emerged calling itself Maritime Organic.

NSOGA based its certification standards on those from the OCIA; how-

# Healthy Homes

## Heating Systems



Robin Barrett

**T**his issue we are going to do a summary on heating systems. This may seem to be a fall issue, but we are into the building season and hopefully this will help people decide what to use in new construction and be available as a reference when people turn on their heating systems in the fall. Due to space limitations, we will simply be summarizing the key features to look for in a heating system. It is advisable to seek additional information and advice to ensure the system you choose will meet your needs. This article will not give you all the answers, but it should help you to ask the right questions.

What follows are 5 key principles to keep in mind when looking at a heating system from the perspective of good indoor air quality, the rationale for each and some examples of how different heating systems rank according to each principle.

### 1. The heat source should operate at a low temperature.

Anything which is heated will release contaminants into the air. The higher the temperature of the heating source, the more it will cause dust and other particles hitting the surface to decompose, releasing even more contaminants into the air than those released when the dust is simply heated.

#### *Normal Systems*

- Electric baseboard
- Forced air: wood, coal, oil, natural

gas, propane or electric with standard filters.

- Wood, coal or oil stoves
- Fireplaces

#### *Better Systems*

- Forced air: Heat pumps (when the electric backup is not on)
- Forced air: Hot water fan coil
- Hot water baseboard
- Low temperature electric baseboard

#### *Best Systems*

- Radiant floor, wall and ceiling systems.

### 2. No products of combustion should be released into the living space.

The emissions from burning fuels for heat are often a major source of pollution. System design will affect how much of this pollution is released into the living space.

#### *Problem Systems*

- Coal stoves
- Wood stoves
- Portable gas, propane, or kerosene heaters
- Wood fireplaces
- Gas ranges (not ventilated to the outdoors)

#### *Normal Systems*

- Oil
- Natural gas
- Propane
- Pellet stoves

- Wood or coal stoves if isolated from the occupied spaces

#### *Better Systems*

- The normal systems if isolated from the occupied spaces by a sealed furnace room or preferably in a separate building

#### *Best Systems*

- Electric (as long as you are not living near a combustion fired power plant!)
- Solar

### 3. The system should not distribute pollutants from one area of the building to another.

Any system which distributes or allows movement of air from one part of a building to another will carry pollutants along with it, so that the air quality in the building will only be as good as that in the most contaminated room.

#### *Normal Systems*

- Forced air

#### *Better Systems*

- Forced air if no area in the system contains a pollutant source and the ducting is well sealed

#### *Best Systems*

- Base board heating
- Radiant floor, wall and ceiling systems
- Forced air if no area in the system contains a pollutant source, the ducting is well sealed, and the filters are up-



**Audrey Barrett**

graded to improve the air quality each time the air passes through the heating system

#### **4. Heating Surfaces must always remain free from pollutants.**

Due to the increased off-gassing of any heated surface, it is important that the finishes used on these areas be such that they will not become sources of pollution and also that these surfaces be kept free of dust and debris.

##### *Problem Systems*

- Radiant flooring if covered by materials such as carpeting or vinyl flooring

##### *Normal Systems*

- Portable gas, propane and kerosene heaters
- Wood, wood pellet and coal stoves
- Forced air systems
- Radiant floor, wall and ceiling systems with standard materials
- Baseboard heating systems

##### *Better Systems*

- Forced air systems with very good filtration
- Radiant systems with concrete or ceramic tile if it is kept clean and free from contaminant spills.
- Baseboard system if cleaned regularly

##### *Best System*

- Smooth surface baseboard (i.e. no fins) that is wiped down regularly

#### **5. The energy source (i.e. fuel) should not be stored inside the building.**

Exposure to most commonly used energy sources is hazardous to sensitive individuals. This could be directly from the fuel itself or a "tag along" contaminant such as the moulds found on firewood.

##### *Problem System*

- Wood stored inside the house
- Fuel storage tanks inside the house

##### *Normal Systems*

- Fuel storage tanks inside the house but sealed from occupied spaces
- Coal or wood pellets stored inside the house
- Electric radiant (NOTE: Electric radiant systems may not be appropriate for those with electromagnetic sensitivities)

##### *Better Systems*

- Fuel storage tanks are outside the house and away from windows and air intakes
- Low electrical fields in highly occupied rooms (i.e. the electrical entrance is not near the bedrooms)

##### *Best System*

- Solar

## **Healthy Housing Questions**

### **Healthy Housing Corner**

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*Robin Barrett is a past president of AEHA NS Branch. He has been involved in helping people create healthier housing since 1980.*

*In 1991 he started his own business, Healthy Homes Consulting because he felt there was a great need for healthier homes.*

*He has continued to work in this field and in 1994 expanded into the commercial Indoor Air Quality field by starting HI-Q Developments. He continues to donate time to help out AEHA and other groups working towards making buildings safer for the people who use them.*

*Audrey Barrett is a registered nurse with a special interest in Environmental Health. She has been involved with AEHA since 1990 and currently represents the Nova Scotia Branch on the board of Smoke-Free Nova Scotia.*

*Her spare time outside nursing is spent researching safer building products and teaching healthy housing courses.*



Roger Lewis

# Vitamins & Supplements

## Remedies For Parasites

**M**any people have been recently told that the root of all their health problems is an undiagnosed parasite infection. This theory has some aspects which are well respected, but how do you determine whether or not you really do have parasites? Furthermore, how does this affect your overall health, and how do you get rid of unwanted intestinal guests? Additionally, some aspects of contemporary alternative parasite theories are highly questionable. Specifically, if you have parasites, worms, amoebas, protozoa, etc., then you need to know exactly what you have, where it is, and how bad you've got it, so that the condition can be monitored in such a way as to prevent the organisms from developing tolerance to the medication. For exam-

ple, one theory suggests that once the organisms have been detected, it is not enough to engage in therapy simply to eliminate the disease symptoms. Tests continue on a monthly basis, and therapy is discontinued after three consecutive tests show negative results.

### The Importance Of Terrain

Some of the confusion revolves around the fact that parasites are more common than most people realize. So it's easy to whip up a sort of "germ scare" regarding these evil invaders, which actually can never be truly eliminated, only controlled. Most everyone now accepts the relevance of the Bechamp-Pasteur debate over Terrain vs. Germ. Although Pasteur's theories made us

painfully aware of the devastating effect of opportunistic infections, we now understand that Bechamp was also correct when he pointed to the overall health of the host, the terrain, as the primary enabling factor which gives the infectious agents their opportunity in the first place. Thus the best general therapy for parasites is not to kill them, but rather to observe basic preventative health care through proper diet and exercise.

I would like to state at the outset that I definitely believe parasites are an epidemic problem not isolated to so-called Third World countries. Furthermore, I believe the organisms known generally as Giardia, Klebsiella, and Blastocystis are a much bigger problem than the orthodox medical profession realizes, especially when these organisms are combined with each other and with other diseases. I also believe they are important factors in the development of AIDS and Cancer, but I am concerned that these theories are being misused due to sloppy thinking and sometimes even for financial gain. Thus I hope the following information serves to help consumers differentiate between fear driven fads and what I see as the grim reality of parasites.

### For Their Eyes Only

Obviously, if you have pinworms visibly in your stool, you need medical attention. However, basic visual analysis of the stool is absolutely inadequate for the detection of blood or organisms, primarily due to three factors: the blood

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and/or the organisms are often microscopic in size; the conditions in which the average layperson would be likely to engage in stool analysis, i.e. the toilet, provide poor lighting and are not conducive to the necessary close up examination; and basically, most of us don't really know what we are trying to find. Hence the need for a microscope, the instrument which sparked the whole germ debate in the first place. Two primary areas of dispute regard the manner in which the stool sample is taken, and the preferred type of microscope.

### Swabs and Scopes

Simply put, the most well respected alternative diagnostic techniques are performed by the Great Smokies Diagnostic Laboratories, a USA firm which works exclusively with your health professional, including alternative practitioners such as a naturopaths or acupuncturists. The method is primarily to procure a stool sample via a technique known varyingly as the "rectal swab" or "rectal smear", which means that it is then possible to analyze organisms which perhaps are not normally present in

passed fecal matter (simply put, the idea is to check out what's hanging on, not just what drops). I personally respect this method as the most comprehensive, but I wish to point out that common stool analysis is paid by the Medicare system in Canada, while the rectal swab test costs approximately \$400 in Canadian funds. I estimate a total cost of \$2,000 to \$3,000 once you calculate follow-up tests, medication, and fees to your alternative medical professional. This may or may not get rid of your parasites, and even if it does, this is only one aspect of your health.

I wish I knew more about microscopes, but I believe the current alternative favorites are medium to high powered, utilizing special lighting and contrasting backgrounds to facilitate detection, and fresh matter is preferred. Thus tiny white things can be seen more easily against a well lit, black background, especially if they are live and moving around instead of dead and stationary. These techniques are not very radical, but they are not officially recognized and consequently are subject to stigmatization by those who are unfamiliar

with their potential usefulness.

### Grapefruit Seed Extract

There is a rich history of herbal therapies for parasites using vermicides to kill them, vermifuges to create an atmosphere unfavorable to their growth, and laxatives/cathartics to expel them. Despite this, the most recent attention given to the subject started approximately seven years ago with the popularization of two products: Grapefruit Seed Extract and a special type of wormwood known as *Artemesia annua*. Grapefruit Seed Extract (GFSE), sometimes called "Citricidal" or "Paracan 144", is sold in a variety of formats, ranging from a very bitter and highly viscous liquid preparation, to the more user friendly tablets and capsules. It should not be confused with Grape Seed Extract (GSE). Originally introduced by Nutricology a.k.a. Allergy Research Group, GFSE soon became more widely available, with prices dropping significantly from \$30 per ounce of liquid down to less than \$20 for two ounces. This move helped spawn the highly successful firm Nutribiotic, distributed in

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Canada by Ecotrend, leaders in the market with innovative products containing Citricidal, such as toothpaste, shower gel, first aid spray, liquid soap, and moisturizer. The main book promoting the use of these products is Leo Galland's *Superimmunity For Kids*, although several other books have since recommended GFSE and other products.

While I was working at Mary Jane's Alternative Tastes in Halifax, the store allowed me to donate several reputed anti-fungal agents to a Master's student from Wolfville's Acadia University to test them in a petri dish experiment against two strains of the yeast-like fungus commonly known as *Candida*. The products tested were Taheebo tincture, Lomatium tincture, and GFSE. Only the latter had any action at all, and it had considerable effect even at dilutions of 1:100 against both strains.

Not surprisingly, Ecotrend reports that GFSE also kills friendly bacteria such as *Lactobacillus acidophilus*, known generally as Probiotics. They recommend taking the two products separately, at least two hours apart.

I feel this supports my contention that effective anti-parasite remedies are usually chemotherapeutic, regardless of whether they are "natural" or "synthetic". This is bolstered by the Canadian government's recent regulations concerning various herbs and many Es-

sential Oils, most of which are well known for their anti-parasitic properties and very dangerous to pregnant women. What is surprising however was the report by Ecotrend that GFSE is not anti-parasitic as was previously thought, but rather it is simply an effective antibacterial, anti-fungal, and synergistic agent when combined with the *Artemisia annua*. This fact is not well

Clark's books, such as *The Cure For All Diseases*, have added considerably to the potential pharmacology while promoting some theories which I believe are problematic.

For example, both authors support the use of applied kinesiology, commonly known as muscle testing, as the definitive way to di-

agnose and monitor the treatment of parasites. Muscle testing is indeed useful, but it is highly subjective. Given the facts that many vermicides are toxic, and that parasites develop tolerance to the medicines if used improperly, it seems clear to me that muscle testing is best used as a supporting method for diagnosis and treatment monitoring, not the primary method. Furthermore, both authors offer novel therapeutic possibilities, yet seemingly dismiss tried and true methods.

For example, there has been a fabulous rediscovery of Black Walnut, Cloves, and common Wormwood herb, but the claims appear exaggerated (there

is no cure for "all known diseases"). Clark repeatedly uses her own writings as a reference point, a practice which at best is academically suspicious. Despite both authors' best intentions, there also appears to be a vested interest in promoting particular brand names. Also, Clark's espousal of the virtues of the amino acid L-Ornithine as an anti-car-

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known, and has led to widespread confusion, but the overall broad spectrum effectiveness of GFSE on the terrain is likely the reason that it seems to work, at least anecdotally.

Some of the more recent literature, such as Carolee Bateson-Koch's *Allergies: Disease In Disguise* and Hulda

cinogen leaves me confused, because I am familiar with literature showing L-Ornithine induces the production of Growth Hormone, a well known agent in the growth of tumors. I welcome evidence to the contrary. My intention is not to outright dismiss these authors, who certainly know things I do not, but rather I seek to open a discussion which serves the health and safety of consumers.

## Fiber & Related Combinations

A comprehensive list of alternative supplements for the treatment of parasites may include several products and related issues, such as Fiber, a well known crucial agent in bowel health. Some people are damaged by some fibers. Which is the best? Many medicines interact with fiber such that absorption is inhibited (Penicillin is bound in the gelatinous fibre matrix and rendered less effective) or even increased (if the fibre does not pass due a twisted bowel, any accompanying medicine may remain in the body longer than desired).

We need to clarify these difficult issues. Common sources of fiber include vegetables such as broccoli and peas, and whole grains. Additionally, therapeutic possibilities exist for Brans (eg. Rice, Wheat, Corn), Flax Seeds, Guar Gum, Konjac Root, Apple Pectin, and the well known Psyllium Seed & Husk preparations. One issue seldom addressed is the fact that Psyllium and many other grains are members of the Grass Family, hence common allergens, possibly making the intestinal situation worse for many people. Also, the Phytic Acid content of Wheat and Flax present problems due to over stimulation of the bowel. Other issues include product purity, wide price variance, long term fiber induced nutrient deficiencies, proper graduated doses, and dependence through stretching of the bowel.

Aloe Vera is a soothing substance for many people, although rare allergies are again a potential problem. Issues to be resolved include product purity (many Aloe products have minimal Aloe content), and the preferred method of production. I prefer Whole Leaf Aloe prepa-

rations, but even here there is debate over cold and hot processing methods, and in both cases, it tastes rather strange and tangy, and the dark colour stains some peoples' teeth. The issue is further confused by author Robert Gray's otherwise unqualified claim in the Colon Health Handbook that Aloe should not be used while cleansing the bowel. Gray was an early proponent of Psyllium regimens, including Cloves, Plantain, Dandelion Root, Rosemary, Chickweed, and inexpensive, home-made probiotic compounds known as Rejuvelac, prepared with Cabbage or Wheat Kernels.

He dismisses colonics as often excessively radical, but supports enemas, including the coffee enema originally made famous by the late controversial cancer therapist Max Gerson. Gray also points out that tolerance develops to Psyllium due to stretching of the bowel, which means you need more to achieve the same effect. Consequently, he makes a suggestion I find particularly appropriate, which is to start with a low dose of one teaspoon daily of the Psyllium & Herbs blend, gradually increasing to as much as two tablespoons daily. It is vital to consume at least eight ounces of liq-



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## VITAMINS & SUPPLEMENTS

uid per dose, and the entire regime is usually four to twelve weeks, with the dose tapering down to one teaspoon daily during the last third of the regime.

The Psyllium & Herb combinations can be traced back to the Triphala cleansing programs used in Ayurvedic medicine, and are the basis for contemporary "Fibre Blends" and "Candida Purges", often modified with clay powders such as Kaolin and Bentonite. The questions arise as to the specific function of the many components of these preparations. This problem is compounded by the ad-

verse reaction towards the concept of "Specificity" by most schools of thought in alternative medicine.

Indeed, many natural (sic) products are broad spectrum, complex agents, and even most pharmaceuticals are not well understood with respect to their mechanism of action. Still, this does not relieve the practitioner from the responsibility of determining the most appropriate medicines for the patient, and this is where muscle testing may prove useful, especially when combined with the orthodox scientific methods men-

tioned above.

## Conclusion

Many other possibilities exist, and I will briefly list some. Homeopathy in general, and the Bach Bowel Nosodes in particular, offer advantages of safety, specificity, and prevention. Castor Oil packs & Castor Oil derived Rinocleic Acid may provide broad spectrum effects. Traditional Chinese Medicine (TCM) offers a refined system for differential diagnostics, as well as a large pharmacopoeia. Despite the dangers associated with many Essential Oils, current favorites include Neem (quality is a major issue), as well as Oregano Oil, and Tea Tree Oil.

The proper use of addictive laxative herbs is a difficult issue, but Senna, Cascara, Rhubarb, and Buckthorn are popular worldwide. Many less common and rare herbs are falling into obscurity despite their potential usefulness, such as Wahoo Bark, Culver's Root, Male Fern, Fiddleheads, and Tansy.

In addition to the ever popular cleansing programs offered by enemas and colonics, some like to "implant" substances in the bowels, such as herbal teas (eg. Chamomile, Catnip), and Chlorophyll rich juices such as Wheatgrass.

Similar approaches exist for the large field of Probiotics, and here we enter the discussion around what to do once the bowel has finally been detoxified. This rebuilding process of the gut wall may be accelerated by other substances such as N-Acetyl Glucosamine, Glucosamine Sulfate, Slippery Elm Bark Gruel, and the controversial Butyric Acid (not to be used if there is "excessive" inflammation).

Thus I hope I have made it clear that the treatment of parasites is very complicated, and not a topic to be regarded lightly. This essay is by no means exhaustive, and is intended only to make consumers aware of the fact that professional advice is indeed available, and that the new fad of home parasite therapies should be cautiously avoided. ☛



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# The Essiac Story

By Roger Lewis

*DISCLAIMER: This information is for educational purposes only. It is not medical advice, nor is it diagnostic or prescriptive. Clients seeking to use alternative therapies for the treatment of medical conditions are hereby cautioned that it is solely their responsibility to seek professionally recognized medical support and advice. The Allergy and Environmental Health Association (AEHA), including its employees, writers, volunteers, and associates, are neither liable or responsible in any way for any problems you may incur as a result of using Essiac, Floressence, or other supplements or herbal preparations for therapeutic purposes. Furthermore, no claim is being made as to the effectiveness of such supplements or preparations. Again, we wish it to be clearly understood by all that the treatment of disease is a serious and complicated matter best supervised by a medical professional.*

## Introduction

Basically, the Essiac story starts with the late Rene Caisse, a nurse who worked with a Native American Indian herbalist who taught Rene how to make the herbal preparation Essiac (the name "Essiac" is Rene Caisse's last name spelled backwards). The Essiac formula was and still is very controversial, not because of feared side effects or toxicity, but because there are widely known claims reputing Essiac to be a useful agent in the complementary/alternative approach to cancer therapy. Due to the ensuing legal controversies, it is only within the last decade or so that Essiac has been available to the public labeled as "Essiac". The official rights to the formula were sold by Rene Caisse to Resperin Corp., who were unable to bring the product successfully to market until the subsequent sale of Resperin to David Dobbie, an enterprising scientist from Campbelltown, New Brunswick. Soon, Elaine Alexander released a product called "Flor-Essiac", distributed by the well respected Canadian health food manufacturer/importer Flora of Vancouver. Resperin/Essiac sued and won, forcing a name change to "Flor-Essence".

Despite Resperin/Essiac's successful legal move to force Flora to officially avoid trademark infringements, the average consumer would be hard pressed to tell the difference, and more specifically, what these differences mean. The bad news is that it may be futile to invest money into a so-called herbal cancer cure because someone can rip off your formula without the true fear of retribution provided by drug patents. The good news is that consumers are offered a variety of products to choose from to meet their own needs with respect to taste, ease of preparation, ease of administration, and price, all factors which potentially have a positive impact by increasing the likelihood that customers will actually use the product. Keep in mind that Essiac often sells for \$50 per ounce of herb powder

(makes approx. 1 litre liquid, lasting approx. 5 days at the "cancer" dose). Flor-Essence (dry powder) costs \$30 for three packs of herbs designed to make 3 litres of liquid equivalent to Essiac. If so, it is one fifth of the price of Essiac, and given the 3 months recommended as an "evaluation period", cost is usually a factor. The pre-made glass bottled Flor-Essence liquid is approx. 5 times the price of the powder at \$22 per 500 ml (1/2 litre), making it an expensive alternative for those who want or need the convenience. The cheapest retail price for brand name Essiac is offered by the Ottawa Chemist, who sell it at their health food store/pharmacy for approximately \$25, also available by mail, but not including postage. Finally, several recipes exist which approximate Essiac, and these are much cheaper. The recipe listed below is around \$4.00 retail per batch equivalent to one ounce of Essiac. I lovingly refer to it as "Pseudo-Essiac", but I wish it to be clear that I do not know the secrets passed to Rene Caisse, and I am not trying to infringe upon Essiac's rights or its claim to the real formula.

## What Is It Made Of?

- Approximately 30 to 35 grams per batch

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After an operation for advanced pancreatic cancer in February of 1990, further treatment would be only palliative. When his health improved while taking Essiac, his doctor postponed radiation, interested to see the result Essiac would have by itself. By August 1990 he called the improvement "incredible". In September 1993, he said: "I'm still healthy"

Mr. H.J. Manernach  
Bradford, Ontario, Canada


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## VITAMINS & SUPPLEMENTS

(one ounce = 28.35 grams) Burdock Root pieces (*Arctium lappa radix*) (cut/sifted)

- 10 grams Rhubarb Root pieces (*Rheum officinale radix*) (cut/sifted)
- 5 grams Slippery Elm Bark pieces (*Ulmus fulva cortex*) (cut/sifted)
- 5 grams Sheep Sorrel Herb (*Rumex acetifolia herba*) (cut/sifted)
- 10 grams Red Clover Blossom (*Trifolium pratense flora*) (cut/sifted)
- 5 grams - optional -

The brand name Essiac does not contain Red Clover (note: Red Clover should be avoided when there is internal bleeding or when the client is already taking blood thinners. Red Clover, and clover in general, contains a blood thinning principle known as "coumarin", from which the drug "coumadin" is designed synthetically, known commonly as "Warfarin"). Practitioners should make sure the client knows this, because internal bleeding can develop during the course of the illness, the client may eventually be placed on blood thinners, and because blood thinners should also be avoided immediately before surgery. Thus, while natural substances like Vitamin E and Red Clover may be indicated after the surgery, their use immediately prior to surgery may contribute to difficulties in the naturally accentuated clotting abilities of the blood immediately following surgery. Although common signs of blood thinning include bruising easily and

nose bleeds, the interpretation of these symptoms is often subjective, and the further fact that internal bleeding is often without symptoms should make it clear to the client that it is absolutely necessary to involve medical professionals in making the decisions associated with using herbs to treat disease (see DISCLAIMER at top of page). A possible herbal substitute would be Yarrow Flowers (*Achillea millefolium*) if there actually is internal bleeding, because Yarrow has been used traditionally to stop bleeding.

### How Much Does It Make & How Do I Make It?

One batch makes approximately 1 litre of liquid (about one quart), depending of course upon the amount of water you start with, i.e. if you begin with 1.6 litres of water & reduce the liquid by appropriately boiling/simmering, then you are left with one litre of prepared liquid. Both Essiac and Flor-Essence come with complicated instruction sheets outlining the overnight preparation process. I offer the following simple traditional decoction method: put 1 ounce of herbs in 1.6 litres of cold water, bring to a boil covered for 5 minutes, reduce to simmer for 20 minutes, cool, and strain. The refrigerated preparation keeps 3 to 5 days. Try a pinch of Vitamin C crystals dropped into the cooled liquid as a homemade preservative. It still needs to be refrigerated, but people report it keeping up to one month. Regarding the type of pot used, ceramic, glass, and enamel are preferred to steel, which in turn is preferred over aluminum. These preferences may have no foundation in fact, although traditional herbal preparation methods support the theory in general.

### How Much Do I Take & How Do I Take It?

The normal dose is usually one ounce daily, diluted in an equal amount of hot water (1:1 ratio). This makes a warming tea-like drink, and is meant to be consumed on an empty stomach, at least one half hour before a meal. The dose for cancer is reportedly 6 ounces daily in divided doses, i.e. 2 ounces, 3 times daily, presumably at hours such as 7:00 am, 3:00 pm, and 11:00 pm. Medium sized doses usually range from 2 to 4 ounces daily. Note that the regime is less important than the preparation, which means that it is preferred above all else to simply take the herbs, whether by using the complicated method of the above mentioned decoction, or by using so-called crude preparations made for consumer convenience, such as tea blends, tinctures, and pills designed similarly to Essiac.

### Are There Any Side-Effects?

Although the product is considered safe, it will occasionally provoke diarrhea in some people. This is often due to high doses used by people already prone to diarrhea, especially, from my customer feedback, in thin women. Usually this problem is eliminated by adjusting the formula to use less

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Rhubarb and possibly less Slippery Elm, both laxatives, with Rhubarb of course being the stronger. Conversely, if there is constipation, the formula can be adjusted to include more Rhubarb & Elm. Otherwise, note that approximately 2% of people taking anything at all receive minor symptoms ranging from a headache to stomach distress. These are generally viewed as inconsequential "idiosyncratic" reactions, not true side-effects or signs of genuine toxicity. There is also the possibility that you could be allergic to the herbs, eg. if you have an Elm allergy, skip the Slippery Elm Bark. Finally, if you are on a low oxylate diet, avoid Sheep Sorrel, because it is high in oxylates, which can, for example, aggravate pre-existing problems with respect to the development of crystal formations in the female urethra (again, See DISCLAIMER).

## Is All Rhubarb Root The Same?

To the best of my knowledge, Rhubarb Root is similar to Cascara Sagrada Bark in the respect that it needs to be cured-dried for two years to mellow out the anthraquinone glycoside laxative chemicals inherent in both plants. Given that the Rhubarb Root in question is thus prepared, to the best of my knowledge, there is little if any significant difference in the anthraquinone levels of Chinese, Turkish, North American, Indian, and Indonesian Rhubarb Roots. I could be wrong. The recent issue of the American Botanical Council's prestigious journal *Herbalgram* (#36) has a more in depth article on Rhubarb which I am currently reviewing.

## What About The Other Herbs In Flor-Essence?

I think they are appropriate but not necessary. If they are desired, it can be arranged with some difficulty, mostly due to the relative obscurity of Blessed Thistle and Stillingia, which may also add to the problem described above relating to Red Clover & blood thinners. Stillingia is undoubtedly a herb renowned for its ability to purify the blood. Thistles in general have a similar history. The seaweed Kelp is fairly safe, but it can disturb the taste of the formula. If desired, many other seaweed options exist, ranging from using it as a seasoning in food, to using pills or tinctures. Perhaps the most relevant criticism of the addition of other herbs is that there is a perceived bonus value associated with these additions which may not actually increase the effectiveness of the product, yet is very likely to increase the appeal to the consumer, i.e. it could be primarily a marketing ploy.

## What Are The Doses For The Other Formats?

The tincture, eg. St. Francis' "4 Herb Combo", might be taken in doses ranging from 15 to 30 drops, one to six times daily in 4 ounces of hot water each time. Again, juice is a satisfactory substitute for the water. The tea can be prepared by using 1 tsp to 1 tbsp of herbs covered by 6-8 ounces of boiling water, then covered to steep 5 to 30 minutes, and consumed at a rate of 1 cup to 1 litre daily. Yes you can sweeten it if you need, and unpasteurized, creamed, white honey is often pre-

ferred. I have yet to see an Essiac "pill" per se, but I'm sure it's being made as I write this, with likely doses ranging from 2 to 12 pills daily @ 500 mg each. As to whether or not an Essiac "pill" would work as well as Essiac (assuming Essiac works)...who knows?

## Why Not Use Powdered Herbs?

Powders are more effective, and freshly made preparations are preferred. Resperin did research to prove this, and part of its campaign against Floressence revolved around criticism of the pre-made liquid preparations. Basically, the tests showed that pre-made preparations should contain harmful bacteria, but Flora said their product did not, so Resperin argued that if this was the case then a preservative must be present. Flora eventually revealed that they were using Vitamin C as a natural (sic) preservative, and has since fully listed the other herbal ingredients previously regarded as secret. Labeling regulations are meant to protect consumers, and also are designed to help manufacturers protect proprietary trade secrets. Despite apparent ethical problems relating to copyright infringement, Flora did nothing wrong, and exists as one the very few Canadian health food manufacturers with the coveted GMP, i.e. the Good Manufacturing Procedures seal of approval. Also, many people have questioned the ethical foundation of any attempt to stifle the open proliferation of a possible cure for cancer, especially a cheaper one. This heated debate continues, because the other side contends that it is wrong to sell so-called analogs of Essiac because they lack authenticity, and thus are deceiving vulnerable sick people. While there is no doubt that the wide spread availability of Essiac-like compounds undermines the entire patent process, it seems absurd to try and patent what is arguably a traditional recipe. It seems to me like trying to patent spaghetti sauce. Still, despite the fact that the secrets of Ragu will always be different than the magic of Chef Boyardee, you have to realize that when medicine is involved, the ethical standards are more serious. Personally, I do not prefer powdered herbs because chunky pieces strain off easier. These are important choices which you will obviously have to make for yourself. ☺

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*Roger Lewis is a Chartered Herbalist, and is currently enrolled in the Master Herbalist program at B.C.'s Dominion Herbal College, where he will pursue a thesis regarding the toxicity of herbal therapies. He has worked for approximately 7 years at Mary Jane's Alternative Tastes, where he manages the nutritional supplement section. He is currently in the process of relocating to Vancouver.*

*He has lectured in Halifax and Yarmouth on behalf of Trophic Vitamins, and to first year medical students at Dalhousie University, and has spoken to a wide variety of community self-help groups in the metro Halifax area. He has appeared several times on local television and radio stations, including ATV, ASN, MITV, Cable 10, CKDU, and CBC Radio Noon. He is a freelance writer, having published over 20 articles, mostly on alternative medicine.*

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# Western Canada



The following article from the *Vancouver Sun* reports the stopping of the spraying of the bacterial/chemical insecticide, *Bacillus thuringiensis* variety *kurstaki* (Btk), against the gypsy moth in New Westminster, B.C. (This is a significant victory which can be used by other anti-biocide activists across the country. In N.S., in the past Btk has been used as a "safe" forest spray against the spruce budworm and in Halifax, trees have been annually sprayed with Btk. In Newfoundland, Btk spraying is being proposed for this summer against the hemlock looper. Radical ecocentric environmentalist groups like the Green Web, have opposed Btk spraying while mainstream anthropocentric environmentalists have generally supported this particular insecticide as the

"lesser evil" over orthodox chemical insecticides.

For further discussion on this see D. Orton, "The Case Against Forest Spraying with the Bacterial Insecticide Btk", *Alternatives* 15, no.1 (December 1987/January 1988): 28, 30-34.

For more information on the specific B.C. situation, see the excellent publication prepared by Diane Wharton, July 1995, revised edition, *Our Case Against Moth Spraying, by the Society Targeting Overuse Of Pesticides*. To obtain this B.C. publication write to STOP, Box 37007, 2930 Lonsdale Avenue, North Vancouver, B.C. V7N 4M0. Telephone/fax: 604 980-1860.

## BTK Biocide Victory

Province halts plan to spray moth pesticide: Agriculture Canada will not be allowed to use BTK in New Westminster because of worries about human health and safety.: Foes relieved

A federal-government plan to kill gypsy moths by spraying pesticide on 20 hectares of New Westminster has been halted by the province's environmental appeal board. The board ruled that the potential risks to people and the environment from spraying BTK outweigh any expected benefits the program might have in getting rid of the gypsy moth. Agriculture Canada has claimed that BTK – a biological agent – poses no danger to people, pets or other animals.

It has been spraying various parts of the Lower Mainland and Greater Victoria for 10 years to fight the moth. In most of those cases, the spraying was opposed by residents. But until now, the

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appeal board overruled their objections. In this week's decision, panel chair Judith Lee wrote that there is "evidence that BTK use will have some adverse effect and some risk." She noted that both those opposing the spraying and Agriculture Canada referred to studies showing that some people, when exposed to the spray, reported symptoms "such as dry, itchy skin; red, burning eyes; dry, sore throat; cough and tightness in the chest — particularly where there was a prior history of allergies." Lee also noted that published studies on BTK deal mainly with its short-term effects: "They show no adverse effects. However, there are almost no studies on long-term effects."

The other main reason for the panel's decision, she wrote, is that the government's spraying program was unlikely to achieve its goal of getting rid of the gypsy moth. The evidence shows that using BTK ground spray will not effectively treat the area and eradicate the gypsy moth, partly because not all properties in the area were to be sprayed and partly because the spray was unlikely to reach eggs in the upper parts of

trees, she wrote.

Monika Auger, one of the residents opposing the spraying in the Sapperton area of New Westminster, welcomed the board's decision, adding that the use of pesticides to kill harmful insects should be eliminated altogether and traps used instead. Auger said she and her neighbors are particularly relieved by the board's decision because there is an elementary school in the spraying area.

Jon Bell, regional biologist for Agriculture Canada, said he was disappointed with the decision, adding that the department is now investigating alternatives to spraying. "I find the decision disturbing because it is not very science-based," he said. One of the alternatives the department may examine is setting more traps to catch the moth. "We are still in the business of gypsy moth control," Bell said. He added that it would be necessary to put out nine insect traps per acre (about 20 per hectare) to hope to get the male moths before they have an opportunity to mate with the females.

Bell reiterated the danger the gypsy moth poses to B.C.'s forests, saying it is important to deal with outbreaks of the pest before they become established. In the caterpillar stage, the gypsy moth is a voracious feeder and whole forests in the east have been destroyed by it, Bell said. Last year, the department found eight gypsy moths in a trap near Devoy Street and East 8th Avenue in New Westminster. Moths were also found in traps near Hope, where a plan for aerially spraying a forest is still going ahead.

## Support Group

A Support Group, operated by the Ecological Health Alliance, BC Branch of the AEHA/AASE, meets every third Saturday of each month from 11:00 AM to 1:00 PM at:

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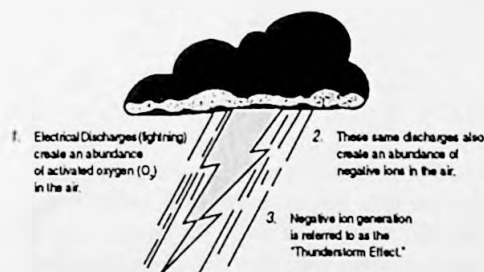
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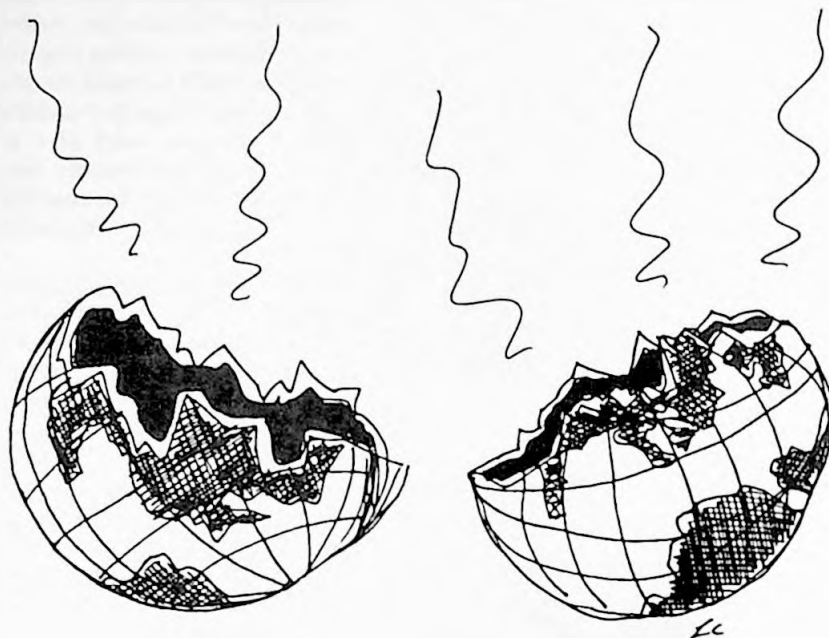
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# Cover Story

## Environmental Illness: *Is it an Epidemic?*



*In this cover story, I have included the words of the very people who have been struggling with this illness.*

*It is fitting that a topic be best discussed by those who have been most affected.*

*The question is...Is this a prelude to a growing problem?*

*I wish to thank all of those people who submitted articles, knowing full well how difficult this task can be for a person with EI.*

**Editor**

## School Phobia or Self Protection: You Be the Judge

*By Elizabeth Stutt, Ottawa, ON*

**I**magine being so acutely aware of your surroundings and their effect on you that you intuitively know where your body should be in space. Imagine that there is no safe place to be. Why? Because family finances preclude providing a safe home environment even though Mom knows that her child is environmentally sensitive...and because the child's school principal refuses to accept the diagnosis of environmental sensitivities. Yes, he will accept that the child has a school phobia and has another recognized syndrome diagnosable under DSMIV criteria as Tourette's Syn-

drome – both medically acceptable diagnoses. But, he won't accept the underlying causes of this child's extreme distress – her environmental sensitivities.

As the mother myself of children with similar problems and one with a similar disorder – Asperger's Syndrome or high-functioning Autism – which is also aggravated by environmental sensitivities, my heart goes out to this family. I know only too well how this child will suffer until a safer environment is provided both at home and at school.

Perhaps providing some informa-



tion about my son will help you to understand just how difficult life can be for these children. My son also has an acute awareness of what he can and cannot tolerate.

At four at the height of his behavioural problems, he used to have extreme flop-down tantrums with head banging when I tried to get him ready to go to nursery school. I can remember carrying him kicking and screaming to the car in the dead of winter and only being able to dress him in the car when he realized that he'd freeze if he didn't cooperate and get dressed. Why such a tantrum, you might ask? I understand now that he was using the only form of communication he had at the time (since he had no functional language) to let me know he had problems with his nursery school environment – one with brand new carpeting! He had just previously been exposed to two months in an assessment unit at a local psychiatric facility – also one with brand-new carpeting, only this time it was the glued-down variety! Is it any wonder his behaviour was off the wall during the entire assessment period?

To this day, when my son is exposed to new carpeting he becomes hyperactive and behaviourally uncontrollable. However, I now understand the reason for his behaviour and try my best to protect him from such exposures.

Back to the problem of the child with school phobia. This child was assigned a visiting teacher for 10 hours per week of instruction at home (home instruction). However, since the provision of this service is considered a temporary measure, it was decided in conjunction with the child's psychiatrist – but not her physician specializing in environmental medicine – to integrate the child back into her school environment, which, for her, was a toxic environment. The visiting teacher was allowed to be with the child at school for the allotted 10 hours per week, but since the child couldn't cope with being at school even with assistance, she was only able to attend school half days and received only half her program. Add to this the fact that this child was expected to attend a school which was undergoing renovations!

How many children must suffer needlessly before recalcitrant school boards will accept their responsibility to provide safe, non-toxic environments for our children? For some such as this child with school phobia and Tourette's Syndrome, the first step will be to provide access to a school which has had no renovations for at least two years – an almost physical impossibility right now within this child's school board because of its "infinite wisdom" in renovating all of its elementary schools to provide safer, read "more secure", accommodations for its all-day alternate-day junior kindergarten program which it is now considering chopping!

Providing appropriate accommodations will require acceptance of the fact that environmental sensitivities cause or exacerbate problems in the classroom such as attention, behaviour and learning ability. These problems are particularly acute for children with pervasive developmental disorders such as Autism and Tourette's Syndrome. It will also require a willingness for parents, medical professionals and school board officials to listen to one another and to cooperatively look for solutions in the best interests of the child.

School board officials must realize

that since 15 per cent of the population is environmentally sensitive that the likelihood that there is a child or teacher at each and every school with similar problems is extremely high – actually, almost guaranteed. These students and teachers may or may not be diagnosed. Or, these teachers or the students' parents may not have the knowledge, energy and ability to fight the system and may decide not to put forward these needs to the school board.

In a letter to the Ontario Ministry of Education and Training, Dr. W.J. Mahoney, M.D., Ontario Medical Association liaison for the Special Education Advisory Council, acknowledged that:

"For parents trying to support a child with this type of problem [environmental sensitivities], the extra effort to convince educational personnel of the impact of the syndrome on their child, adds significantly to the distress they experience. In addition, parents who are affected by the syndrome can experience the same physical symptoms when exposed, in an educational environment, to substances to which they are sensitive. This can then interfere with their ability to be an effective advocate for their child within that environment."

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It is essential that school boards do everything within their power to reduce the toxic load in our schools. This will involve the hiring of environmental construction experts for all new construction and renovation projects to ensure that the least toxic building practices are used and that no new or "gently used" carpeting is installed anywhere in our schools. It is also essential that schools be cleaned with fragrance-free non-toxic cleaners and that schools be well ventilated.

Clearly changes are necessary to prevent the needs of a group of learners from being ignored. The social, emotional and physical abuse experienced because of school board failure to identify, accept and address these needs is too great.

If you experience some of the following signs and symptoms, you may also have environmental sensitivities:

## Learning and behavioural signs and symptoms

- Hyperactivity.
- Irritability.
- Aggression.
- Drowsiness and exhaustion.
- Depression and suicidal tendencies.
- Poor concentration and memory loss.
- Easy distractibility, distracting others.
- Difficulty problem-solving.
- Inconsistent performance.
- Mood and personality changes.
- Recurrent absences from school.

## Physical signs and symptoms

- Recurrent headaches, migraines.
- Irritated eyes, recurrent styes.
- Puffy bags or dark circles under eyes.
- Red ears or ear lobes.
- Recurrent earaches and sinusitis.
- Stuffy, runny and/or itchy nose.
- Coughing, wheezing, asthma.
- Mouth breathing and throat clearing.
- Stomach aches or diarrhea.
- Eczema, hives, other skin rashes.
- Light sensitivity, visual disturbances.
- Weakness and dizziness.
- Seizures, convulsions and/or tremors.

Be a part of the solution. Join the Allergy and Environmental Health Association of Canada, send in a donation to the work of its Education Committee, or purchase a copy of *Accommodating the Needs of Students with Environmental Sensitivities*. Use the presentation provided in this student information/advocacy kit to educate your school and school board about the needs of all children for better indoor air quality. ♻

*Elizabeth Stutt is the mother of two children (10 and 12) who are environmentally sensitive. She has taken their needs to the highest level of appeal under the Education Act – the Ontario Special Education Tribunal – and unsuccessfully lodged complaints under the Ontario Human Rights Code. Ms. Stutt is National Vice President and Education Chair for the Allergy and Environmental*

*Health Association, as well as Past President of the Ottawa Branch. She is also the alternate representative for Autism Society Ontario on her local school board's special education advisory committee.*

*To join the Allergy and Environmental Health Association of Canada, send a cheque or money order for \$25.00 to AEHA Canada, Mic Mac RPO Box 24030, Dartmouth, NS B4A 4T4, 1-800-695-9271.*

*For copies of Accommodating the Needs of Students with Environmental Sensitivities, send a cheque or money order for \$15.00 to the AEHA Education Committee, AEHA Ottawa, Ottawa RPO Shopp/City West Box 33023, Nepean, ON K2C 3Y9 or call Elizabeth Stutt at (613) 825-8388; fax (613) 825-3386 (7 am to 11 pm).*

*Please note that the Allergy and Environmental Health Association (Ottawa Branch) will be hosting the National Conference on Children with Sensitivities: Celebrating Success, featuring Dr. Doris J. Rapp; the conference will be held in Ottawa on May 31 and June 1, 1996. For conference registration information, contact Elizabeth Stutt or e-mail [chris.brown@devcan.ca](mailto:chris.brown@devcan.ca).*

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# Maggie's Tail

By Kathleen Hunter, Dartmouth, NS

**I**t's a dogs life is what they say. Well here is a story about a period of time in my doggy life. I'm a mutt - albeit a cute mutt and my name is Maggie. These are my observations of what has been happening in this household for more than a year. They (my owners I mean) must think I am a totally unobservant pooch not to notice the changes around here. Don't get me wrong, I think that my owners are really very nice, but give me a little credit, these events affect me too!

Let me think, where shall I start... last winter is a good place. Everything was going along just fine. My master and mistress were feeding me in the morning just like clock-work, except for the weekends when my mistress couldn't get out of bed. On those occasions my master would feed me breakfast and after breakfast I would visit my mistress lying in bed, snoring away. Boy what a sight! Mouth wide open, nose totally plugged and her breath! I sniffed that a couple of times - was that scary!

Well life was going along very pleasantly. I had my routine. I would nap all morning (except when the postman or garbage man woke me up) and in the afternoon I would wander around the house a bit. Mostly I was just waiting for 'them' to

come home, to feed me and to play with me. I was so excited to see them!

My mistress took the bus to work. After a while she started to feel nau-

and off we would go for our evening walk. Boy those walks were nice! All those smells, dog smells, people smells and smells on the breeze. Those breezes, I know my mistress loved them too.

You know those walks; started to get a little shorter. My mistress started getting more and more tired. Not all at once mind you. Very slowly at first. She always justified it somehow. For example she would say "tomorrow we will go a little further", or "it's raining a little too much, so we won't go far." This was a switch, we used to walk in all kinds of weather. The only exceptions were really bad rain and snow storms.

My collar was getting tighter. I felt a little pudgy. Mind you I love to eat. The slow decrease in exercise seemed to be the reason. My mistress was getting a little pudgy too. Her clothes were getting a little bit tighter and I heard her say she had gone up a couple of sizes (whatever that means). We kept on eating and getting pudgier together!

Well to get back to my mistress, she took another job so that she didn't have to take the bus across the bridge to Halifax. This bus sickness was really getting her down. It didn't seem to make any difference if

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seous after work and would have to lie down. On those days my master fed me and he fed my mistress too. Usually she would start feeling better after the news

she sat at the front or the back of the bus.

It was nearly spring and I heard my mistress talking to my master. Her office was moving around the corner to a newly painted, carpeted and furnished building. I could tell from her voice that she wasn't impressed with this turn of events. She had always preferred older furniture and buildings. The color scheme was to be burgundy and all her colleagues were pleased with their new "digs".

So they all moved into the shiny, new office. My mistress was going into work every day to earn money for my dog food (very important). One day she came home upset. She had started crying at work. She just couldn't seem to get through the same amount of work that she used to. You know I smelt something funny coming off her clothes. This smell was similar to the glue that my master used occasionally when working in the basement. There was another smell. A smell my mistress called a paint smell. She said she could taste it in her mouth long after she left work.

It was around this time that my mistress was trying with great difficulty to open a can of my food. Eventually she dropped it and food went flying all over the place. It was everywhere, on the walls, counter and all over the floor. Boy was that fun! I thought that it was a great way to be fed. My mistress didn't think it was so great. She was becoming downright dangerous. She broke glasses and other things. During these accidents she would lock me out of the kitchen while she cleaned up - so I wouldn't hurt my paws.

By this time my mistress knew something was wrong. I was so bored - all she did was lie around at night, my walks got shorter again and I was still pudgy. It was no fun. She went to bed so early. Sometimes I joined her there for a few hours, but I was still bored.

Finally my mistress went to the doctor. He couldn't find anything wrong and he suggested that it was all in her head. I knew differently, I knew it wasn't all in her head and she felt the same

way. You know, I could still smell funny stuff on her skin, clothes and breath when she came home from work.

She decided to finish working, she just couldn't seem to do it any more. Meanwhile a friend of hers pointed out that it could be chemical sensitivities. This idea was easily accepted by my mistress (it all seemed to fit), however what to do now?

She was now at home and started to do some reading, making some phone calls and generally started to feel pretty good again. We went for walks and she really perked up fast. She played with me more often, the only weird thing was having her underfoot all the time. Boy, I hate it when she listens to that Gzowski in the morning. Mornings are for napping, doesn't she know anything?

A month went by and then a previous boss of my mistress called and asked her to work. My mistress explained to the woman (whom she respected very much) that she had not felt well at the last place of work. In spite of this my mistress decided to give it a try and help them out during a very busy time.

So off she went, back to work. I know she really likes to work. She enjoys the people she talks to, the camaraderie and besides she was earning money for my dog food!

I was happy and quickly fell back into my old routine. Up in the morning - breakfast, home at night and then play, play, and play. I know my mistress was going to various doctors' appointments, but I overheard that they never found anything wrong.

One evening, my master and mistress went out to the pub for supper. It was there (as the story goes) that my mistress dropped something. Oh, oh. It was the master who noticed it first - was my mistress getting sick again?

After about six weeks my mistress came home from work upset, she had just talked to the boss. My mistress had been having difficulty reading manuals and comprehending what was written.

She had thought that it was just a temporary problem. Her colleagues though, were starting to notice her errors and the excuses were beginning to pile up. The boss was very understanding, the difficult work was taken away and my mistress was given the more routine work to do. Boy was that hard for my mistress to accept! She had always been proud of her work and for the most part enjoyed the challenge her career had afforded her.

So once again my mistress was home listening to Gzowski, but this time in bed. She would also take afternoon naps. It was nice to curl up with her and snooze. She also didn't have her nose stuck in a book! Apparently this was because she couldn't read! Oh well more attention for me!

Mind you she was still dangerous - always dropping things and leaving hot things on around the house. The master would turn these hot things OFF. Things that he called the iron, curling iron, stove and oven.

My master was always the one who fed me now. He would come home from work, make my supper and then make their supper. He must have been tired after having worked all day.

Spring was here and summer was on its way! It was nice to lie under the lawn chair while my mistress sat under the maple tree all afternoon listening to Vicki Gabereau. How annoying! She looked so pale, white as a sheet. Our walks were really short and we were still overweight. Maybe I should join a weight reduction club for dogs!

She went to a nutritionist one day and came back with all these bottles of things that she started to swallow. At the same time she started baking this weird flat bread, stopped eating some things and started eating more of other things. Oh well, as long as I got my food, those weird smells in the kitchen didn't bother me too much!

One day the phone rang. My mistress was so excited, she got a cancellation with an environmental doctor. What

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luck! So off she went and after numerous appointments and more things to swallow, she started reading again. I was really annoyed, that radio was off more often but she had her nose stuck in those books again!

There were other appointments too. She went to have pins stuck in her. The master and I just didn't get it, it sounded so painful. She said that it wasn't and it did seem to help her.

My mistress was also going off to this hot room. Apparently she went there to sweat all that smelly stuff out of her body. She smelled so clean when she came back from these saunas. She looked red afterwards, but she said she felt better.

The other thing my mistress started to do was to lie around the floor in these funny positions. I thought she wanted to play with me, but after pestering her, I figured out I had better not bother her.

I don't know, some of those positions look pretty strange to me! Well, things are still different around here. I'm finally used to having my mistress home all the time. She still reads slot and usually has that radio on, but I do like the company and sometimes we go for really long walks on the beach. Wonderful! I don't know if my mistress will ever work in an office full time again? I do know that she misses work very much. She is now getting healthier and seems happier and that makes my tail wag! The other bonus is that I, or I should say WE, are no longer PUDGY! 🐾

*I live with my husband and our dog in Dartmouth. I used to work for the government, the last five years in personnel.*

*Without my husband's love and understanding I am sure that my recovery would have been slower. Of course there is Maggie, our dog. A constant in our lives. There is something to be said for the unconditional devotion that a pet like her, can bring to her owners.*

*I would also like to say that the other reason I wrote this, is because I believe that humour and laughter are an important part of life.*

*My friends are important to me also. Generally speaking they are pretty understanding. They don't understand why I am "spaced out" or forgetful sometimes, but what would we do without friends!*

**Cover Story  
Next Issue**

**To be announced...**



# The Language of Illness

By Anne Fulton, M.Ed., Halifax, NS

**T**here is a language which comes with illness, and each particular illness has its own accent, and its own vocabulary. The words and phrases I often hear in association with environmental illness, the particular illness which has visited my life, are ones such as brain fog, disorientation, supplements, reaction, sensitivity, detoxification, homeopathy, antigens and scent free. Although these words and phrases are specific to the experience of environmental illness, they do not describe the human experience of illness, of what it is like to live in the mind and heart of someone who is ill. The language seldom talks of the difficulties of being ill; the frustration, the loneliness, the powerlessness, the isolation, the pain. Nor

does the language speak often of how we can gain new insights and learn from illness. Illness can be harsh, and for some it can be absolutely heartless. But for others, it can be a wake up call, an invitation to live. This has been my experience, and these are some of the things a new language is teaching me.

When I was initially in the acute stage of my illness, one of the first things I began to notice was a change in how people treated me. Some treated me differently, and their interest waned. There were those who said it was all in my head. The implication here was that I was simply making it up, or if I ignored the scent, it would not bother me. Then there were those who believed that EI was a manifestation of some deep seated

emotional issue not dealt with. No thought was given to the increasingly toxic atmosphere we all live in. Having a chronic illness can be enough to deal with. The added stress of people doubting the validity of one's illness can be hurtful, insulting, and can be downright demoralizing. Fortunately, there is another side to this coin, in that I found people in my life who did not question my illness, did not constantly try to fix me, and supported me in ways that were healthy for me. I learned that: there are some very special people in my life, and I learned gratitude for this.

Initially, I was very upset, and at times felt very defeated and set upon, as I began to realize that there were many buildings I could not stay in, and many events I could no longer attend. As time passed and I began to accept my limitations, I realized that the places I could not go to, or at the very best would experience immense discomfort in, such as smoking events or sealed buildings with toxic carpeting, were places that were not good for me anyhow. Although I fought the change initially, I now see that I have an early warning system which keeps me out of place which, could I tolerate them for extended periods of time, could conceivably lead me into more serious illness, as has happened to others.

The aloneness and isolation I experienced in the acute stage of my illness when there were an extremely limited number of environments I was safe in, left me feeling limited, angry and hopeless. On the other hand, this time forced

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me to go within myself, get to know who was really at home, make peace with some old ghosts, and to finally feel contented and at home in this skin of mine.

In the past fifty years, our society has removed birth, death, illness and disability from the common experience. Although there is now some movement in the other direction, essentially many of these crucial passages still happen in hospitals and, in isolation). The cult of the individual is isolating enough, but at times of bodily and emotional frailty, we can be even more isolated. When we most need community in our lives, we are taken out of community, what little any of us may have in this culture. But I began to realize, in an interesting and peculiarly aggravating sort of way, that the notion of the individual, the boundaries where one person ends and the next begins is blurred with the experience of EI, in one respect in particular. This is very apparent around the issue of scents. If we choose to wear an especially virulent brand of cologne or perfume, this does not stop where our bodies end. It invades the bodies of people around us, and can cause some pretty serious, even life-threatening reactions. What each of us do, what each of us wear, affects others. Ignore it as we may, we are not a collection of separate individuals. We are a community.

EI brings with it a lot of grieving. There is saying good-bye to friends...including those with no patience for illness and those unwilling to make accommodation in regard to even the most blatant of scents. There can be saying good-bye to old haunts, to foods, to a lifestyle, to employment, to a healthy body. Conversely, a lot of time is spent rebuilding a life within new parameters, and with many new constraints. The emotional readjustment is as difficult as all the nutritional, dietary and environmental changes one must go through. And exhausting. I found that for a long time, I had nothing to give. I retreated and withdrew, in order to survive, to regroup, to heal, and to relearn who I was. When I finally poked my nose back into the 'real world', I found that I was speaking a different language, and felt misunderstood. This retreat, this time of going within, had profoundly changed me. My values had changed, and the world was a foreign place

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I found that I shared a common language with other people who have experienced illness or disability. Although the accent may be different, we spoke the same tongue. I found a shared empathy and understanding which those who did not have the experience of illness or disability could not share. The act of reaching beyond our bodily fate, and finding a common language be that shared experience or spirituality, brings us out of isolation and into community. Some people, however, do not have the energy or the capability to reach out, and for them, merely existing is an act of the greatest of concern.

As I had to consciously, for the first time in my life choose organic food that was good for me, cook it in a healthy way, and then make this food a vital part of my body. I began to realize that I was giving to my body...but so too were the plants and animals I ate, and the earth which nurtured them. Later, when I was able to grow a little garden, care for and harvest the plants, and experience them becoming part of my body. I began to see how profound and interwoven is my relationship with all of creation. We are not separate.

I see that I am a microcosm of the earth. Whatever happens to the earth, happens to me. And it did. My illness is just a microcosm of what is happening to the earth. As we treat the earth, so we treat ourselves. And if we treat ourselves and our bodies and each other

with disrespect, so too we treat the earth. Because of this, I believe we are ultimately responsible for our actions. This is what I have learned. This is my new language.

When I see a little girl, I once knew this language of respect for the earth, I seemed to be born with some of it, but I was also greatly influenced by my father, mother and grandfather. When I grew up, I lost it. We can often lose our mother tongue. It has been brought back to me largely because of my dance with environmental illness. But more has happened than language acquisition. I have been given back the gift of joy and wonder. I can look at the sky and the ocean, and even a little leaf, and be completely blown away, again and again I find the miracle of creation staggering and awesome, beyond description, beyond comprehension. I find family and friends such treasures. The plants and animals and people in my life are my community and are profoundly precious. I now see myself as a part of the community of creation, and an out of isolation. As I try to heal, and try to live on this earth in a respectful manner, I know that so too will I heal a small part of the earth. If we begin to listen to the language of the earth, we may not lose our illnesses or our disabilities, but we will begin to heal and become whole in a totally different way. By coming into community with the earth in this way, we can heal a small part of the earth, and a part of ourselves. ♻️



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# Healthy Schools

## A Report on Schools



Karen Robinson

**T**here are conditions, products and practices in schools which can and do adversely affect the health, behaviour, and performance of school children and staff. Many of us who are struggling to encourage improvements in school environments have been surprised and dismayed to find that even long-known Occupational Health & Safety issues are often not being handled well. Examples include common renovations involving lead, PCBs, asbestos and other hazards which have been highly regulated for years.

Here is an example: A crew arrives at a school with little or no warning, removes and replaces ceiling tiles or floor tiles in an area, and is gone without anyone realizing that the tiles removed may have contained breathable asbestos fibres. Even though wearing protective gear for potentially hazardous activities is required by the Department of Labour (DoL.), the workers may only be encouraged, not required, by their employers to wear the gear. The children and teachers are put at risk without even being aware of it. The health effects of asbestos exposure only reveal themselves years later.

A second example is: The brickwork of a school's outer walls is to be repointed, and a subcontractor is hired. Teachers are warned to park their cars well away from the school building because the resulting dust could damage the paint jobs, and work begins. The workers are well equipped with safety suits and breathing protectors. As work progresses, clouds of dust rise up, en-

gulfing the school. Since the school windows are open, the dust drifts into the classrooms, covering every surface and contaminating the breathing space. Floors are slippery from the layer of dust underfoot. Students are seen entering and leaving the school with their coats pulled over their heads. In this case, after nearly two weeks of trying to have school officials and maintenance managers change the situation, frustrated teachers and parents call in government officials. Then, the method of working is quietly altered to remove further risk of harm from inhaling the fine dust - which almost certainly contains silica.

Parents, staff, and students are relieved that the "nuisance" dust has been stopped. No one is informed of the true nature of the exposure, or of the seriousness of the situation. As with asbestos, exposure to silica dust is closely controlled by the DoL and Health Officials because of the known risk of silicosis of the lungs developing even after moderate exposures and often not until years after the exposure. These examples of recent incidents in the Halifax School system are not isolated examples. It is common to see work being done in the schools in this way, although it varies from district to district. These examples show the need for protection of not only the workers, but of the staff and students as well. I call them "Hit and Run" renovations.

In addition to the long-known hazards, the newer Environmental Health Issues, including the risks posed by long-term low-level chemical exposures, are gradually being recognized as hazards

to human health. Children who have already developed a condition called Chemical Sensitivity are particularly hard hit. However, it is not widely understood that everyone is affected to some degree when exposed to these and other contaminants. Health, behaviour, learning abilities, and more can be subtly or not so subtly affected without anyone's suspecting the cause.<sup>1,2,3,4</sup>

Combine the ignorance and neglect of the long known hazards, and lack of knowledge about the more newly recognized hazards with our natural human tendencies toward denial of the existence of problems, resistance to change, and protection of personal agendas, and we can see why things may not change as quickly as we may hope. We can also see there is potential for significant harm to come to children and staff in our schools.

Let me outline of the factors which, in my view, combine to put the children's health at risk. They may vary somewhat between schools and districts - some districts actively seek improvements in the way they do things and the products they use. I base my comments on my belief that no one means to do harm, but that a combination of deficiencies or gaps in the protection system often allows children's health and safety issues to slip through the cracks:

1. SCHOOL BOARDS hire cleaning & maintenance managers and companies and often allow them to operate in a hands-off fashion.

2. MAINTENANCE AND CUSTODIAL COMPANIES are not always up to date with research and regulations. Even then, they often subcontract work to other companies - some being more aware of health risks and Labour Law than others. Also, precautions cost money, and when money-making or money-saving are the motivations, there is temptation to cut corners.

3. School JOINT OCCUPATIONAL HEALTH & SAFETY COMMITTEES (JOHSC) are often not aware of their functions, their rights and responsibilities. Under N.S. Labour Law every school should have one. Although this is primarily a staff committee, and Labour Law does not officially include children, many schools include parents as non-voting committee members. The committees are not permitted, by law, to take action on issues that affect students only. However, action to protect teachers and staff can indirectly protect the children, and Department of Labour (DoL...) officials have shown they will not close their eyes to children at risk.<sup>5,6</sup>

4. TEACHERS appear hesitant to speak their concerns, perhaps from lack of information or because past experience has shown them the system is often hard to move - or perhaps for fear of losing employment.

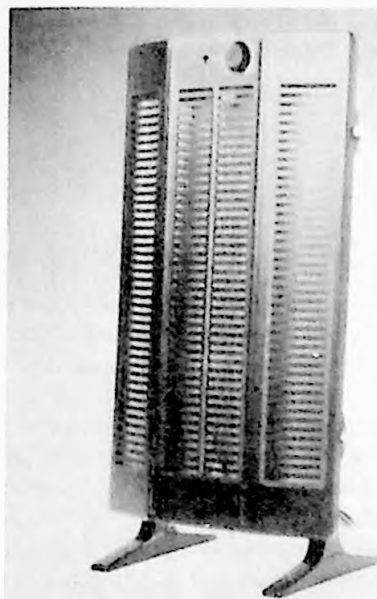
5. PARENTS usually trust that school officials have everything under control.

6. SCHOOL OFFICIALS do not always have full knowledge of Health and Safety issues. I understand that under Labour Law the Principal is responsible for the building occupant's safety and welfare. If a principal is not sure that what is happening is safe, s/he should be asking questions. I also understand that anyone involved has some responsibility (in particular the school board), and that with a legal concept called Due Diligence, the courts can stop the buck at the school board, lower, or higher.<sup>5,6</sup> This may be a deterrent, but it is primarily useful for placing blame after something terrible has happened. Prevention is a wiser course.

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HEALTH, LABOUR, and ENVIRONMENT are largely reactive in nature. That is, they do respond to complaints - however, people have to know enough to complain. If the public and school officials were generally better informed, prevention could be the common practice, and much harm could be prevented. Yet, there is no regular information newsletter, course, or upgrading program designed to keep school officials informed and up-to-date in relevant Health and Safety issues.

Health, Labour, and Environment do not yet have full legislation on risks from such things as chemical fumes from paints, cleaning agents, and in school Technical Shops, etc.

Overall, there is no department, no committee, no person, who is actively responsible for ensuring school children's Health and Safety standards are up-to-date, in place, and enforced. The entire Department of Labour functions to protect adult workers. No one questions the importance of this, but ensuring the actual protection is still difficult to ac-



comply. Also, Labour standards are based on research on healthy, 170 lb. adult males, not children. There is no adequate protective legislation designed for school children's more vulnerable bodies.

Combine the above factors with the following issues and we have a potentially serious situation:

### Other Factors

- Lack of funding has caused years of deferred maintenance resulting in many school buildings needing repair.

- Many of our buildings are old and contain building materials that were installed before controls were placed on many hazardous materials, including asbestos and lead paints.

- Many school buildings are leaking and have mould and fungal overgrowth.

- Many ventilation systems are malfunctioning or dirty, and many have not been maintained according to manufacturer's specifications (If at all). - New building materials such as paints, caulking compounds, pressboard, and vinyl tiles off-gas solvents, Volatile Organic Compounds, formaldehyde, phenols, and other volatile and semi-volatile chemicals.

- There are roofs to be tarred, floors to be laid or varnished, furnace fume leaks to be tended to, windows to be caulked, walls to be painted, and much more. It is no longer acceptable to do these activities as casually as we may have done in the past. We know more now.

- In particular, we know that children's bodies need more protection from contaminants than is needed for adult workers. The World Health Organization, The U.S. National Academy of Sciences, and the American Academy of Environmental Physicians, provide documentation of this fact.<sup>7,8</sup> The wisdom of giving smaller doses of medications to children than to adults also illustrates this basic difference. It is important to recognize this difference

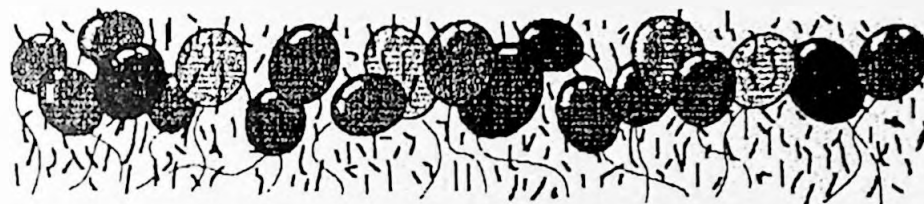
when conducting any potentially hazardous maintenance activities in our schools, and indeed when establishing standards for the overall school environment.

### Other Hazards

The NS Department of Environment's Health Inspectors have indicated the need for thoroughly cleaning classrooms at least once yearly - including walls, door and window frames, rafters, lights, shelving, library books, etc. Presently, this is not being thoroughly done

in most schools.

Environmental Health Physicians have strongly recommended not using carpeting of any kind in schools because of the chemicals which off-gas for years, the fact that carpets are "sinks" for all manner of contaminants from danders to microbials, because they are hard to keep clean, and if there is any dampness source they are perfect havens for mould overgrowth. Research has found that rooms containing even clean carpeting contain up to 10 times the breathable dust compared to rooms with hard floors.



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The daily use of chemical cleaning agents, which are usually also scented, increases the daily detoxification load on children's bodies. Photocopy machines, art supplies, new building materials, personal care products, and much more, contribute to the overall indoor air pollution. Those already suffering from allergies, respiratory ailments, and related illnesses are more seriously affected than their healthier counterparts. However, as mentioned earlier, research is showing that exposure to common indoor air chemicals affects health, behaviour, and learning abilities of even normal people.

Buildings built before 1977 very probably contain lead-painted walls. Paints produced in the 1940's contained as much as 50% lead by weight.<sup>9</sup> Sanding, scraping, or renovating walls is a very harmful potential risk to children in particular.<sup>10</sup> A simple wall patch test is available locally. Ask the CMHC for their booklet *Renovation: Lead in Your Home*, and the Department of Labour for their Guidelines.

Some products claim to be "environmentally friendly" or "earthwise", etc. This usually indicates that they biodegrade completely and relatively quickly, thereby posing reduced risk to the natural environment. This is important for the global environment and ultimately for the welfare of humanity, however the products may still be very harmful. For example, many new pesticides are biodegradable over days or weeks, but they are still extremely toxic poisons designed to kill before they break down.

Pesticide use in schools is a particularly potent risk to children, especially to those with health conditions including Asthma, Diabetes, heart problems, Allergies, and Chemical Sensitivity.<sup>11</sup> There are less-toxic alternatives available and being used successfully in schools in North America and Europe. For example, by 1995 every school system in Texas is required to have a functioning Integrated Pest Management (IPM) Program with a coordinator to oversee the program. Research conducted on the Montgomery County, Maryland, USA, IPM program showed

reduced costs over previous years of 90%. Absenteeism was reduced, while productivity was increased. \$32,000.00 were saved in the first year alone.<sup>12</sup>

## Progress

Progress is being made. In Kings County, for example, over two acres of carpeting have been removed from schools in the past year. In Halifax, the school board now has a DoL-approved protocol for safe removal of asbestos, including 9-inch floor tiles. The protocol for safe removal of mouldy carpets is essentially the same as for the removal of asbestos, and safe cleaning of dirty ventilation systems requires similar Safe Work Practices. Some Principals are asking maintenance crews to return in the summer to do potentially hazardous work. They are notifying parents of unavoidable work, risks, and precautions, are encouraging scent-free policies, and much more. Some maintenance managers have taken the N.S. Construction Safety Association's Safety Basics Course. This is a valuable course for upgrading Health and Safety knowledge and practices for builders and maintenance companies. This, or a similar course which includes children's health risks, would be a valuable requirement for all maintenance/custodial managers and sub-contractors working in schools.

Standards and controls for lower concentration chemical emissions including Volatile Organic Compound (VOC) hazards are expected to be addressed in the new DoL Indoor Air Quality Legislation. Other new Labour legislation requires any business with 20 or more employees to have a written Health and Safety manual which includes protocols and practices for anything deemed hazardous by the DoL.<sup>13</sup> As mentioned, the DoL's mandate covers only the protection of adult workers. It is essential that school officials recognize the importance of including in these manuals protection designed particularly for children's bodies.

Yes, progress is being made, but there is much still to be done.

The Nova Scotia Government needs to hear clearly from citizens that school

children are in need of more protection from Health and Safety hazards. An organized system with adequate legislation, which educates both the public and school officials and which continually monitors compliance, is needed to eliminate the present gaps or deficiencies that are allowing too many school children's and staff's Health and Safety issues to slip through the cracks. We cannot afford to go on simply learning as we go, with each harmful incident that manages to be discovered after the fact. By then it is too late - children or staff have already been harmed. To quote a Supreme Court of Canada ruling of June 22, 1981, from *Myers vs. Peel Co. Board of Education*, "The standard of care to be exercised by school authorities in providing for the supervision and protection of students for whom they are responsible is that of the careful and prudent parent." An effective system based on prevention must be put into place for the sake of the children.

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## Tips and News

1. Spring is a major time for pesticide use. The Healthy School Handbook cites research on Crack and Crevice (one of the less hazardous methods) use of Diazinon: Residues were found 21 days later and 4 classrooms away from the treated classroom.

2. Less toxic recipes for fire retardant for school curtains (Be sure your fire Marshal agrees): a) 1/4 c. Alum dissolved in 1 gallon (U.S) Warm water. Dip and drip dry, iron.

or, b) 2 quarts warm water, 7 oz Borax, 100 ml. Boric Acid. Dip and drip dry, iron.

3. Because sales promotions state that Lifemaster 2000 latex paint is "VOC-free", some school boards believe the paint is safe to use while children are present. The ingredient list is protected information so verification is difficult. However, a Poison Control department agreed to compare ingredient lists of several latex paints

with L-2000, and stated it is "basically the same as a number of latex paints". Perhaps the confusion comes from the fact that there is more than one definition of Volatile Organic Compound. Apparently the U.S. EPA defines VOCs as being only the very worst ones, like those which harm the ozone layer. In any case, painting when children are present is not advisable, and there should be sufficient time (and a flush-out procedure) before children are returned to that breathing space. Lifemaster 2000 does still appear to be one of the better choices. (Thanks to Robin Barrett of Healthy Homes Consulting)

4. Dustless chalk: By Crayola, available from Binney & Smith Canada, Ltd., Lindsay, Ontario, K9V 4R8. (Thanks to Helen Lofgren for tracking this down.)

5. Scent Free liquid hand soap for school washrooms: AROSOAP is a detergent made by Down East/Bebington Chemicals of Dartmouth. It is still a detergent, but is less toxic than most. It is available through Provincial Sanitary Products, P.O. Box 8834, Stn. A, Halifax, B3K 5M5. Request dye-free. (The present soap in use in Halifax schools contains EDTA which is a chemical on the U.S. EPA's list for further study. Until testing is completed, it is wise to avoid it's use, especially around children - they tend to love to squeeze the gooey soap from the containers, and are not always thorough in rinsing it off their hands.)

6. Don't forget to request that the school supply lists that teachers send home at the end of the year include the request for fragrance free markers, no smelly stickers, etc.

I look forward to receiving from you news of better products, comments, tips, information and articles for review. It would help to have a contact person(s) in each part of the country.

In Nova Scotia, please support CASLE's efforts by sending a letter

now to encourage government and school officials to address the need for better Environmental Health and Safety in schools. Ask that your MLA support the proposed Indoor Air Quality Legislation which may go before The House in this session.

Until next time... ☺

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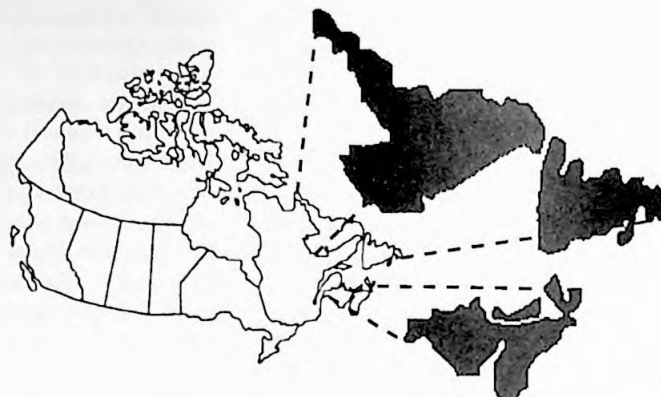
Healthy Schools Editor  
c/o AEHA/AASE  
Address on Front Cover

*Karen Robinson, B.Sc., B.Ed., B.F.A. resides in Halifax N.S. with her two school-aged children, one of whom has marked environmental sensitivities. She has been overcoming severe illness with both Chronic Fatigue Syndrome and Environmental Illness. Although she continues to be seriously constricted by both, she is finding ways to be effective in helping ensure the school environment is safe for her children.*

*She brings to this task a varied background in teaching, social work, psychology research, small business operation, and the arts. Her volunteer work has included the Canada Safety Council, the Canadian Association for Community Living and, more recently, the AEHA/AASE, and Citizens for A Safe Learning Environment (CASLE).*

*In 1994-95 she was instrumental in reversing questionable long-time school renovation practices involving asbestos - action for which she received Commendation before the Nova Scotia Provincial Legislature.*

# Eastern Canada



## Pesticide Free Potatoes

Shoppers in the Atlantic Provinces and Eastern Quebec, may have seen "Pesticide Free" potatoes for sale in local Sobeys stores. These potatoes, packed by Port Elgin Hybrid Farms, are not certified organic as some people mistakenly believe. However, the label is accurate.

Permin Kummer is a German immigrant who three years ago became manager of this eastern New Brunswick farm. He arrived with a Master of Science degree in agriculture and five years experience managing an organic farm in Germany. He chose to eliminate pesticides from his farming operation out of respect for the environment, but feels he cannot afford to make a complete transition to organic husbandry.

"It's hard in this part of the country to run a big farm like this purely organically because the buying of organic food is related very much to income. Since this is a low income area, you can't expect people to buy the more expensive organic food. You've got to get more for organic food since your yields are less and your costs are higher."

Kummer firmly believes that crop rotation combined with good cultural and management practices on his farm can effectively control most diseases and pests on his farm. With over 600 acres of crop land and 200 acres of potatoes he seems to be succeeding where others fail. But big may not be big enough.

Kummer begins each growing season by presprouting his seed stock under artificial light. Presprouting speeds up emergence in the field, which, in turn, speeds up canopy closure, helping to eliminate weeds. Presprouting also saves two weeks vegetation, something which Kummer values for controlling the devastating fungal disease, late blight.

Despite the high cost, Kummer uses only whole seed. Cutting seed potatoes can spread germs from one infected tuber to another causing outbreaks of disease. He is also careful to choose the optimum planting date. Working the soil before it is dry causes soil compaction and weed problems, while planting in cold soil delays emergence and canopy closure. On the other hand, planting too late may delay harvest and increase the risk of late blight.

Against the Colorado Potato Beetle, one of the most damaging potato pests, Kummer employs a vacuum-cleaner-like device

which straddles the potato rows, sucking up the beetles and smashing them against a metal plate. He accepts some damage to the crop's canopy (leaves) and occasionally picks beetles by hand in severe infestations.

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Kummer hopes to cultivate more land, not with potatoes, but with green manure and forage crops, so that chronologically, he can space his potato crops further apart growing crops like grass, clover and grain.

Another innovation involves a German-made chopper which shreds the potato tops prior to harvest. Unlike conventional growers who prefer applying a chemical topkiller to the plants, Kummer says shredding works just as well.

Unlike organic farmers, Kummer does use chemical fertilizer on his farm. Nitrogen is applied at about three quarters the rate as on conventional farms. He is very cautious applying it because he believes "the heavier you fertilize with nitrogen the more sugar goes into the leaves and this is attractive to aphids." With a newly acquired herd of cattle he hopes to reduce his fertilizer requirements by applying compost.

Kummer considers the risks of using the transgenic, blight resistant NewLeaf potato, to be far greater than the benefits. He will do no "fooling around with genetics."

With potato farmers in Prince Edward Island frantically searching for ways to reduce pesticide inputs it looks like Kummer is on to something. He estimates his prices are about 10% higher than those for conventional potatoes. So far, demand for the pesticide free potatoes has outstripped supply.

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# Chinese Medicine

## The Tao of Prevention



Michael Milburn

**W**e are very early on in the change to a focus on prevention," claims Andrew Nicholson, a medical doctor interested in the role of diet in preventing and treating disease. Nicholson is the Director of Preventive Medicine at the progressive Physicians Committee for Responsible Medicine. "Current medical practice is still focused on treatment of disease," says Nicholson, "Physicians are reimbursed for giving medical treatments and giving medicines but are not paid for nutritional counseling or counseling to treat alcoholism and smoking." Yet Nicholson is confident things are changing and moving in the right direction

The idea of prevention in medicine

- while still an emerging notion in contemporary Western medicine - is fundamental to the traditional medicine of China. Traditional Chinese medicine (TCM) is a thousands-of-year old system of health care that has evolved into a relevant and vital part of the modern Chinese health care system. And it is a system that is gaining more and more attention in the West.

TCM is founded on a relational paradigm, making it a holistic complement to its more mechanical and reductionist Western counterpart. TCM is more than just acupuncture. Within the TCM paradigm, there are many different methods for restoring health once it is lost, including acupuncture, meditation, exercises like Tai Chi, herbs, diet and mas-

sage.

But the focus has always been on prevention and the recognition that it is easier to prevent, than to treat, disease. According to the 2500 year old Yellow Emperor's Classic of Internal Medicine, "To administer medicines to diseases which have already developed...is comparable to the behavior of those persons who begin to dig a well after they have become thirsty....Would these actions not be too late?"

One of the fundamental ideas in Chinese medicine is the struggle between the "pathogen" and the "correct." External factors or pathogens, like toxins, viruses, adverse climate, or poor diet, are always interacting with a person's own mind-body system - the "correct." (There is not a separation between the mind and the body in TCM.) In this model, it is a simple assumption to say that viruses or bacteria "cause" disease, for we are continually awash in a sea of microorganisms. Rather, a person's own natural systems - and their usual ability to keep such threatening forces at bay - must also be factored into the equation.

In the case of a strong pathogen invading a strong person, treatment can focus exclusively on expelling the pathogen. But with a strong or weak pathogen invading a weak person, it is essential to strengthen natural systems before a "cure" can be assured. If the pathogen is attacked vigorously in treatment this will only weaken the "correct" and prolong the illness. With a weak pathogen, treatment focuses more on boosting the

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"correct," while a the combination of a strong pathogen and weak person requires a subtle balancing act between strengthening the person on one hand, and expelling the pathogen on the other.

In the treatment of disease, and especially in prevention, TCM has a long experience in building up and regulating the mind-body system. This is particularly useful in dealing with chronic illness, and why in China - where Western medicine and TCM are practiced side-by-side - it is said that generally Western medicine is better for acute and TCM better for chronic illness. For in chronic problems, there is

always a need to assist and harmonize the body-mind system, boosting it to restore the natural state of vitality and health.

Mainstream Western medicine has a preoccupation with a battle on the pathogen side of the disease equation. This has served it (and society) extremely well when the problem was infectious and epidemic disease. (Although some would argue that it has been a false, and very short, victory on this front. See *The Coming Plague*, by Laurie Garrett.) But when dealing with chronic illness this approach has largely been a failure. It is also clear that the definition of pathogen

was very narrow. Viruses and bacteria are worthy of the attention they receive, but it is perhaps ironic that the definition of pathogen was never easily extended to include many of the products of the advanced technological civilization of which this technological medicine is so intricately a part.

Mainstream medicine is slowly beginning to recognize the person behind the illness, and shift the lens to immunological, dietary, and other non-microbial factors in the interplay between health and disease. In this there is much to learn from TCM, practically and theoretically. TCM defines health as a fine point of balance in a qualitative, yet precise, manner. Prevention focuses on maintaining this balance, since the tendency to illness, or imbalance, can be detected well before specific biomedically-detectable problems arise.

For example, a person may be "kidney yin deficient" without a medical problem with their kidneys. They may simply experience signs and symptoms like waking up at night, backache, and thirst, that, together with particular pulses and tongue, point a TCM diagnostician to identify such a pattern of imbalance. Or "kidney yin deficiency" may be the root imbalance of a distressing menopausal transition. The ancient herbal formula Liu Wei Di Huang Wan (Rehmannia Six) has proven its efficacy in strengthening the kidney yin and correcting such an imbalance. Sleep is restored, back mended, and thirst quenched, pulses and tongue return to normal, and even menopause eased.

Muscle pain, headache, stomach upset, and the like are indeed "normal" if at the same time accompanied by a clean bill of health, but in TCM they are part of the constellation of information that points to specific imbalance and the means to restoring health. In the TCM model health is viewed as a dynamic balance in the interplay between person and environment. Being healthy is a not a matter of luck, but hard work! This is why Hang-fu Mi said:

"It is necessary to follow the disposition of the seasons and adapt to cold and heat, to balance joy and anger and be contented with what one is, to harmonize yin and yang and adjust the un-

## CHINESE MEDICINE

yielding and tender. Thus no evils can arise."

Much of the early development of TCM was driven not by the study of disease but by an obsession with longevity and a dream of immortality. Taoists, and mountain sages, practiced mental and physical disciplines and studied the use of diet and herbs to achieve "radiant" health, and, they hoped, extend their lives. This tradition lives on in the Chinese culture today. Every morning thousands of people fill the parks to do a set of Tai Chi Chu'an, the Supreme Ultimate exercise, designed to regulate and harmonize the flow of Qi (pronounced Chee) throughout the body. Even in Canadian Chinatowns, women purchase herbs like Dang Gui, Shu Di, Chuan Xiong, and Bai Shao (this is a famous herbal formula known as the "four things soup") to tonify their blood after each menstrual cycle, in a ritual as ancient as their culture.

There is an interesting continuum in the traditional medicine of China, ranging from the scholarly and ascetic to the folk. Western medicine remains largely an elitist tradition (remember that you should not make any changes in your life based on this article without

consulting your doctor, or I and the magazine could be in big trouble!). The scholarly and academic facet of TCM was similarly elitist and inaccessible to the bulk of the Chinese people, until the hierarchical and often brutal feudal system was overthrown by the (also often brutal) Marxist inspired revolutionary Mao Tse-tung - who officially made TCM a medicine for the people.

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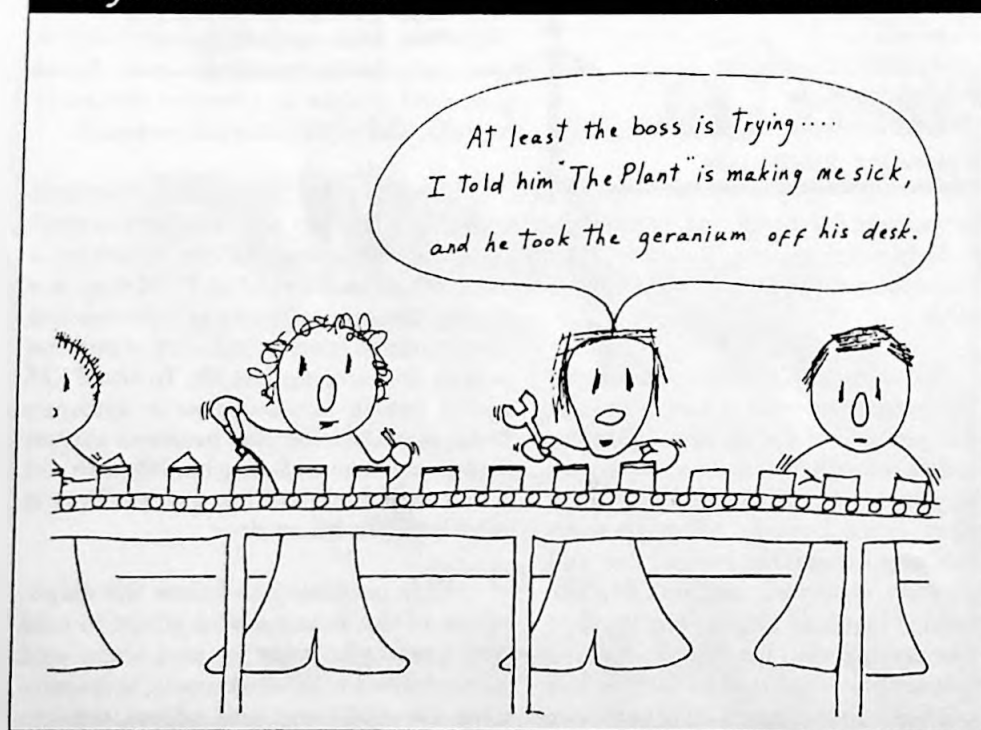
Before this dramatic event in their cultural history, most Chinese followed the humbler folk tradition, learning the secrets of building intrinsic health through stories passed on from generation to generation. The use of herbs is one of the most developed and important parts of TCM, both in the treatment and prevention of disease. While Chinese herbalism is a highly refined art form, requiring a lifetime to master theory and practice, ordinary people widely used herbs in their daily lives. In this, their understanding of herbs was facilitated by oral tradition and legend, like the story of the discovery of the famous tonic herb, Huang Jing.

One day while picking herbs in the mountains Dr. Hua Duo noticed two strong young men chasing a teenage girl. The young men were unable to catch the girl and Duo was amazed by the health and vigor of the lithe young woman. He was told by the empty-handed and fatigued men that the girl had escaped from a foster home. Wanting to learn the girl's secret of health, the herbalist's curiosity got the best of him. Carefully placing a bowl of rice and spiced bean curd in a cave, he hid in a bush by the entrance. After some hours had past the girl appeared and began eating. Dr. Duo ran to the small entrance and questioned her about the abundance of energy, perfect complexion and robust health she possessed. The girl, without hesitation, attributed her ability to survive the rigors of mountain life to the regular consumption of a local plant's fleshy chicken-like roots. After finding the plant, Dr. Duo named the root Huang Jing (Yellow Essence) because it was yellow and as pure as essence.

This folk tale of Huang Jing's discovery in the third century A.D. shows how much herbs are a part of Chinese culture. Many herbs like Huang Jing are famous not for their ability to heal the sick but because they are able to build intrinsic health and prevent illness. The farmers and craftsmen of China have followed a tradition of using herbs to strengthen and improve health for millennium. Taoists discovered and made use of herbs in their search for the elixir of immortality; martial artists

### Life With Ei & Me

by Karen Robinson



found herbs gave them strength and durability; Shaolin Buddhists applied herbs as an aid to meditation. With more vain interests, the wealthy praised the ability of herbs to maintain youthfulness and beautify the complexion. Even Chinese emperors found a use for herbs in their heroic attempts at virility.

Today, even with the powerful technologies of conventional Western medicine there is an increasing focus on prevention and many people are looking for gentler and more natural ways to encourage health. Few of us have the opportunity to live in a pristine mountain environment like the young girl that Dr. Duo discovered. Instead we find ourselves in the midst of an increasingly hectic and stressful world, subjected to pollution of the air we breathe and water we drink. So even if the Taoist obsession with health and long life seems unappealing, the health giving properties of Chinese herbs can be one part of a lifestyle designed to buffer the side effects of life in industrial civilization. ♥

(Parts of this article first appeared in the *Yoga Journal* (Bitter Medicine, *Yoga Journal*, Sept./Oct. 1994, by Maren Oelbermann, and Michael Milburn). The next in this series of articles looking at traditional Chinese medicine will focus on the theory of TCM and some of the most famous and powerful Chinese herbs.)

*Michael P. Milburn, PhD, is a scientist and writer now living in Waterloo, Ontario. Originally from Cape Breton Island, Nova Scotia, Dr. Milburn studied physics at Mount Allison University in Sackville, N.B., and completed his masters and doctoral degrees in biophysics at the University of Guelph, in Guelph, Ontario. He founded the consulting firm ELMAG Research in Vancouver, B.C., specializing in the health effects of non-ionizing radiations and now based in Waterloo. He is the co-author with Maren Oelbermann of *Electromagnetic Fields and Your Health* (New Star Books,*

*Vancouver), and has appeared on talk shows and radio interviews (including the CBC) to discuss the electromagnetic field and health issue.*

*He has a keen interest in environmental and social sustainability, currently serving on the board of directors of the Waterloo Public Interest Research Group, and working on renewable energy issues. His book (also co-authored with Maren Oelbermann) *The Search for A Sustainable Society* will be available this fall.*

*Michael has had a long time interest in complementary medicine. His research papers have appeared in complementary medical journals, like the *American Journal of Acupuncture*. A long-time student of TCM theory and diagnostics, he is familiar with the use of over 200 Chinese herbs and teaches workshops on Chinese herbs and nutrition in Waterloo, Ontario.*

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# Central Canada



## INFORMATION REQUEST

### What Has Been Your Experience With High Efficiency Gas or Oil Furnaces?

I have environmental illness and realize I need to install a new furnace that is compatible with chemical sensitivities. Of all the options that are available, there are only two which meet my criteria: high efficiency gas, and high efficiency oil. All the others are impractical, too expensive to install or too expensive to operate. The problem with gas and oil, however, is sensitivity to the fuel itself or the combustion products. In theory the high efficiency units should solve this problem because the whole combustion part of the furnace, from the air intake pipe to the exhaust vent pipe, is sealed. My question is this: Are these systems satisfactory for most chemically sensitive people and if so, what precautions needed to be taken? I have sought opinions from clinical ecologists and from environmental consultants and they have not been in agreement. I have inquired at meetings of the local AEHA chapter, but I still have never met a person who has actually installed a high efficiency gas or oil furnace in a house which has chemically sensitive people living in it.

Installing the furnace outside the home would solve the problem, however, it is not an option for me. Installing the furnace in a sealed room in the basement is an option but is this addi-

tional expenditure really necessary when there is no established hypersensitivity to the respective fuels? The problem is complicated by the fact that within the confines of high efficiency gas and oil, there are system variations.

With some help from the readers, I hope to develop a success/failure profile for high efficiency gas or oil furnaces. The results of this survey will be shared with the readers in a future issue of the AEHA/AASE NATIONAL UPDATE. Please take time to complete the questionnaire or write me a note, so that we may have the benefit of our collective experience. I'm hoping to get at least 100 responses so that the results will have statistical significance.

*Richard Gingerich*

Please return your completed surveys to:

Richard Gingerich  
65 Western Ave.  
Guelph, ON  
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(I will be out of the province during July.)



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# High Efficiency Gas/Oil Furnace Survey

## 1. Type of furnace?

- ☐ High efficiency gas  
☐ High efficiency oil

Manufacturer \_\_\_\_\_

Province or State where furnace is manufactured  
\_\_\_\_\_

## 2. Which System?

- ☐ Heats the air directly (forced air).  
Where is the furnace?  
(a) ☐ In the basement or other room.  
(b) ☐ In a sealed off room in the basement or  
another room.

Heats water (only high efficiency oil or gas are  
considered here)

- (a) ☐ Water piped to radiators in each room  
(b) ☐ Water piped to coils in an air handler. The  
air handler's blower forces the hot air to  
each room via ducts in the same fashion  
as a regular forced air system. This  
configuration allows the furnace to be  
separated from air handler.

Where is the hot water furnace/heater itself (only oil  
or gas heaters are considered here).

- (i) ☐ In the home (usually in the basement)  
(ii) ☐ In a sealed off room.  
(iii) ☐ Outside the home in a separate  
enclosure.

## 4. Degree of sensitivity of the occupant(s)

- (a) ☐ React only to levels where gas or oil can be  
detected by smell. eg. sniff of gas when stove  
is lighted.  
(b) ☐ React at lower levels which can't be detected  
by smell.  
(c) ☐ Hypersensitivity. eg. just entering in a house  
where all gas or oil appliances are off or  
disconnected causes reaction.  
(d) ☐ Not sensitive to gas or oil but have other  
sensitivities  
(e) Other comments  
\_\_\_\_\_

## 5. Name and Address (optional)

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel. \_\_\_\_\_

Email \_\_\_\_\_

## 3. Other information (if you can supply it).

Brand name \_\_\_\_\_

Model No. \_\_\_\_\_

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# Book Review

## Free to Fly: *A Journey Toward Wellness*

Judit Rajhathy.

New World Publishing  
P.O. Box 36075  
Halifax, N.S. B3J 3S9  
1996. 328p. \$23.95 Can.



Helen Lofgren

**J**udit Rajhathy's *Free to Fly, a Journey Toward Wellness*, is a remarkable book which tells comprehensively about the frightening, at times devastating effects that the environment, indoors and out, as well as diet and other factors can have on health, and what to do to get well. Told narratively, it is the story of a woman and her family, of their coming to recognize and learning to control these environmental effects upon their lives. Ill and run-down for too long, discouraged and desperate, with tests negative, repeated visits to physicians do not lead to improved health, answers or meaningful explanations, and offer little encouragement for Jillian, the central character.

In absence of anything better to offer, the conclusion after numerous consultations and tests is that perhaps answers rest with a psychiatrist. Knowing that she is physically ill, that the stress symptoms she feels are largely the consequence of her illness and of not having her ill-health adequately diagnosed, with a constructive plan for coping, rather than the cause, the psychiatric referral feels like utter defeat. What follows is the story of the 'journey toward wellness' for the Stowe family and others, a lively, realistic and practical model for anyone seeking answers to problems of chronic ill-health, or seeking to build optimal health. She never does keep that psychiatric appointment.

The story is fictional, a composite of

many individuals and experiences, but readers will recognize themselves, family and relatives, co-workers, friends, health care professionals and others. It is a device which allows Rajhathy to move systematically from one area of concern to the next, giving a plausible order to that complex jumble of factors affecting health and well-being which can seem just too overwhelming to tackle, but which never eclipses her goal of educating the reader as quickly and thoroughly as possible. Jillian's life and world are the threads that bring together the many diverse but interrelated factors that influence health, a pattern which is essential for each of us to learn to recognize in order to regain and maintain health. Not much is left out as the reader sits in on consultations with experts

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who give thorough and detailed explanations and provide education and instruction for taking control of one's own health.

Models for ideal health care are all there: economical clinics and adjunct services, including classes and resources to be found in the community (for instance cooking with alternatives, simply and deliciously), safe schools, and gardening free of harmful chemicals. The well-designed clinic is staffed by a knowledgeable physician and other professionals who recognize the health-problems of the patients, and treat those patients with respect, encouragement and the determination to see them well, using patient-education and empowerment as its basis. Jillian's consultations, each building upon the last, give readers solid and complete information with constructive plans for action in their own lives.

Books, publications, organizations and other resources referred to throughout are genuine and well-chosen, and provide readers with excellent and up-to-date resources, each to be found in the appendices at the back. Rajhathy has used these pages to dream, but hers is a practical dream, a model for what our health care can and should be, comprehensive, constructive, compassionate, preventive in orientation, one that takes patient-education for development of a healthy life-style as its foundation. With health dollars becoming scarcer everywhere, we are all going to have to assume greater responsibility for our own health and that of our families; Rajhathy shows us the way.

In her introduction, Carolyn Dean, M.D., describes *Free to Fly* as 'ten books rolled into one'. This is no exaggeration; it's at least that. There exist many books on particular conditions, eg. allergies, asthma, arthritis, cancer, chronic fatigue, behaviour and heart problems, p.m.s., Alzheimer's, etc., and a cookbook for almost any condition. There are innumerable books on illness and treatment, and some on prevention, but what we haven't had until now was an overview, the whole picture from an experiential point of view. Reinforced throughout is that our health is directly affected by what we eat, drink and breathe on a

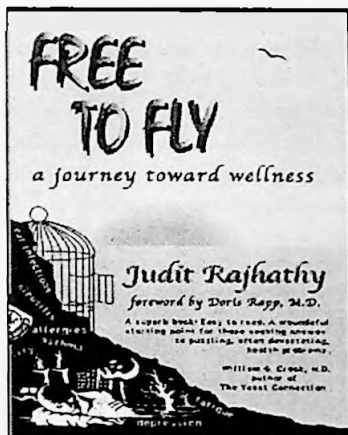
daily basis. Individuals may react with varying sensitivity and symptomatology to given exposures depending upon their own particular vulnerabilities, genetic make-up and previous history, but the remedies, generally not pharmaceutical, have a common basis: clean air, clean food, clean water; detoxify, and build up the immune system.

As she was writing, Rajhathy, a nutritional consultant and environmental health educator, had in mind ordinary people who are coming to realize that they are just not well, with little specific knowledge of the effects of the environment on their health. These are typical of the people she sees in her practice, some of whose remarkable stories of recovery can be found at the end of the book. It's Rajhathy's own story, too; she is some of Jillian, so she knows well of what she speaks, and she is Eva Sandor, the lively nutritional consultant. She is also a mother, well versed in the realities of recognizing and coping positively with children with sensitivities. It is a story that could be any of ours: Readers will recognize themselves or their experiences, often heretofore unexplained, and find comprehensive, concrete directions in which to move and resources for what to do now or next. Jillian is remarkable in that once she

finds the path toward recovery and wellness, she moves very quickly, so the reader is exposed to a good measure of the myriad factors that can affect health, from the foods we eat to over-prescription of antibiotics, overgrowth of candida, cosmetic landscape pesticide spraying, other chemical exposure including petroleum products, scented products, tobacco smoke, dusts, and molds, 'sick buildings', problem schools, and to the steps to follow to remedy these problems. She learns of the benefits of organically grown foods, rotary diets, nutritional supplementation, safe building and cleaning materials, clean air and water, useful adjunct therapies, and the ways in which environmental health issues are intricately tied to her children's health, behaviour and school experience to name just a few. As Jillian pursues recovery, seeking her own optimal health, she becomes actively engaged in the promotion of health and prevention of disease as the keys to good health, in a way that is realistic and practical for readers to follow.

Whether one is new to a holistic approach to health, or experienced and well on the way toward recovery, wellness and optimal health, *Free to Fly* is a very useful resource. Written narratively as it is makes it particularly

## Free to Fly: a journey toward wellness



Released: March 22, 1996  
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352 pp.



*Judit Rajhathy*

## BOOK REVIEW

valuable as well for sharing with family, friends and others whom we wish better understood the experience, why we or they must make major life-style changes, or for those we care about who are affected but don't yet recognize it. It is easy to identify with at least someone or their experiences in Jillian's world, and once in that world, one can follow a path toward wellness, the details of which will be unique to each individual. *Free to Fly* is valuable also for anyone well on the way to good health, for this is neither a simple nor short journey.

I know what I am giving for gifts this year, and I am even giving copies to

some to whom I don't usually give gifts because I know *Free to Fly* has the potential to be a life-saver. All anyone has to do is read it and begin somewhere to make health-promoting changes. Success will be noted, often immediately, and that is very encouraging to anyone: Succeeding steps come more easily when one has already experienced success. Rajhathy gives readers many ways in which to begin, and many more to follow through on, with excellent resources to take the 'journey toward wellness' as far as they are willing.

Editors don't usually review the books they've edited, but there are excep-

tions, and this is one. I undertook the task of editing because I knew this would be an important book, one which I wanted to help to be the very best that it could be. Judith and I had, over the course of numerous drafts, many fine discussions and a few good laughs, often late at night. She is to be commended for producing an informative, well-written, coherent book which is both attractive in format, and economical of space, thus keeping the cost to pocketbook as well as the environment modest. Along the way she has created her own publishing company, New World Publishing, which has promise as an important force in the field of holistic health education. My own wish is that Rajhathy will offer a taped reading of *Free to Fly*, in her own voice, for those whose minds are too muddled or otherwise find reading difficult, or for the pleasure of hearing what she has to say come alive in a way that no other voice can give it. Rajhathy loves what she does; there can be no doubt that *Free to Fly* is a labour of love, and a unique, comprehensive and valuable resource, a real success! 🍷

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*A teacher, educator and mother, Helen Lofgren, has long been interested in environmental health issues, allergy, multiple chemical sensitivity, addictions including alcoholism and their effects on the family, as well as their relationship to environmental health issues.*

*She seeks to understand the inter-relatedness of life events and outcomes. The more she learns, the more questions she asks. She has been active in AEHA since its inception in Halifax, and before, in its precursors, and is a long-time member of its Board of Management. She has regularly contributed articles to the AEHA-NS Update. She has been a member of the Environmental Health Committee of the Halifax District School Board since its establishment in 1993.*

*Helen keeps a wild organic garden. She escapes to camp in the wilderness, where she always feels the healthiest, whenever she can.*

# Opinion

## Breaking The Silence

*on being human...*

*on having our own voice...*

*on coming out from under abuse...*

*By Chris Brown, Ottawa, ON*

**J**ohn Williams, Director of Ethics and Legal Affairs at the Canadian Medical Association, put it well. We were discussing the abuse of persons with environmental sensitivities. He asked, "Why has there been so much of a kerfuffle about something so straight forward?"

Good question! (HINT: It has nothing to do with big drug companies.) Governments, professionals and, yes, even consumers help sustain the abuse. How do we do it? The answer is almost as easy as 1-2-3.

1. Like many abused people, most people with sensitivities don't fully understand how they are being abused.

2. Some of us make excuses for our abusers because, again like others, our understanding is couched in our abusers' mindset.

3. We tolerate professionals, including supportive professionals, who refuse to acknowledge that they are helping abusers sustain their denial.

4. We sacrifice our humanity on the altar of sickness. In our fear and pain, we forget we're persons entitled to the same protections from abuse as others.

Several health authorities have caused millions and millions of dollars in damages, and they've done so not merely through ignorance, but by acting unethically. For them to come clean, now, would implicitly acknowledge that their actions were not only wrong, not

only damaging, but unethical, abusive and negligent. How negligent? U.S. figures suggest that in Canada the abuse of persons with sensitivities is resulting in one or two suicides per day. The abuse takes two forms. The first results from arbitrary damaging statements. The second form of abuse results from the dishonesty necessary to sustain denial.

In this issue of UPdate I'll describe the first form of abuse. Next issue, I'll discuss how we are further abused as a result of authorities' attempts to make their abusiveness seem reasonable.

### Arbitrary Damaging Statements

Over the century, in Ontario and across Canada, people experiencing reactions to the environment were told, in no uncertain terms, that they were mentally ill unless proven otherwise. At one point Catherine Frazee, a former Chief Commissioner of the Ontario Human Rights Commission, summed up this practice with the words "the presumption is on the wrong side".

Where's the abuse? Try to imagine, for a minute, that you don't have sensitivities. Imagine, say, that you're just a regular person, perhaps lucky enough to have a career, home, family, kids in school, and so on.

But let's say you have blue eyes and the government decides that people with blue eyes should be assumed to be experiencing delusions unless proven otherwise. Public officials on TV tell the world

you're mentally ill. They tell the media that they're sympathetic but they have no evidence that you're not having delusions. "It's difficult and complex to prove".

Edgy fellow employees begin to shun you at work. Colleagues question your judgment because of your blue eyes. Perhaps you are deluded? Your brown-eyed boss supportively slips you the name of a therapist who helps people deal with delusions.

You go to your union for help. The health and safety rep mentions studies that show people can, in fact, have delusions. And there's no study which shows, definitively, that people with blue eyes are immune.

At home, in stores, contractors and clerks, once they notice your eyes, regard you with suspicion. Dissatisfied with service? Forget appealing to the owner; forget going to court. Your credibility is zilch. Your child is beaten up in the playground. School officials aren't sure it happened. Your child has blue eyes, too.

You get the picture. Prejudices are expressed all the time. It is wrong when damaging statements are made with prejudice. But when people in positions of responsibility make arbitrary statements that cause damages it is doubly wrong. It is a serious concern. It is abuse.

In 1980, Health and Welfare and the Ontario Ministry of Health were publicly stating that anyone claiming to react to the environment was deluded.



Why? Amazingly, they did it on the basis of an absence of information. While saying they couldn't recognize sensitivities because of a supposed lack of science, officials were quite happy to give us a defamatory label and cause millions in damages on the same basis, a lack of science.

Damages from this arbitrary labeling continue. They include broken families, mistreated children, devastated careers, increased disability, financial ruin, and much more. Irresponsible conjecture, given credence by officials and journalists, often still makes it impossible to get the cooperation from others that is necessary to avoid disabling, sometimes humiliating reactions.

Many of us were labeled by association. We were professionals who did not know when we knew something and when we did not.

Although the delusionary label was unsupported by science, it was repeated by officials and fellow journalists until it seemed they believed it as fact. Never mind that our reactions are as obvious to us as a punch in the gut. Never mind generations of experience. Never mind a century of literature.

Dozens of people knew I was in the self-help group, and called me at CBC because they were experiencing difficulties because of attitudes my colleagues were fostering, through sloppy, cynical journalism that ignored the lack of evidence for damaging opinions they included in reports. Officials and journalists created what human rights people call, ironically, a "poisoned atmosphere".

What if, in each and every news story that involved an African Canadian, journalists alluded to the racist theories of Philip Rushton? We have our Philip Rushtons. For many of us, the insult has been more damaging than the injury. Attitudinal pollution is more of a problem than pollution itself.

In the self-help group I heard more stories.

- A research scholar feared for her

credibility with clients, once Health and Welfare officials decreed us malingerers.

- A homeowner lost her home when her bank manager refused to abstain from wearing aftershave while renegotiating her mortgage. Local health officials had stated her problem was all in her mind.
- A public health worker lived in dread that her Medical Officer of Health would find out she had sensitivities; it might end her advancement.
- Despite strenuous objections from the parents, a child was repeatedly placed in environments that caused anxiety attacks. His teacher had heard that his problem was illusory.

The stories, as you will probably know, go on, and on, and on.

I got involved full time in 1984, after a Carleton University professor shot himself - not because of his disability, but because attitudes made it impossible for him to get the cooperation necessary to avoid sometimes humiliating reactions. I've worked more or less full time on the issue ever since.

It took a while, but I've had much success at the federal level, despite setbacks caused by those who put the acceptance of a single medical approach ahead of recognition of our health complaint.

Protection from abuse is a much stronger argument than the game of proving this or that medical theory over the dozens that are relevant. In fact, much of our problem has been caused by those who insist their medical approach is correct, when more informed people include several perspectives.

Surely our existence as human beings, as persons, as citizens in a democracy is more important and more basic than our existence as patients, as objects in a science lab. Canada is not a science lab. We can argue forever about how many antibodies can dance on the

head of a pin. There is no argument against equal protection from slander and abuse, even if the abusers are wearing white coats, grey suits, or television smiles.

I tracked several suicides. In each abusive, arbitrary attitudes played a role.

In 1984, the Ontario Ministry of Health set up a committee, comprised of Judge George Thomson and five doctors, including one from the Ontario Medical Association. Take note: it was a group of consumers who distanced themselves from any one medical approach, who got Judge Thomson appointed. Consumers must have an independent voice of our own. We must control the expression of our concerns.

In their 1985 report, Thomson and the physicians declared that the position "all the identified patients are emotionally ill" was "clearly untenable". But three years later, according to Thomson himself, this was still the position of the Ontario Deputy Minister of Health! Do we need a Krever Inquiry to find out why?

Thomson and the physicians recommended public education by public health officials. But for years we were still told - by the mandated official in the Public Health Branch of the Ontario Ministry of Health - that the problem was "thought to be psychological".

In 1989, public health officials told an Ontario family their son's sensitivities were all in his head. They could tell this without even examining the young man, because he claimed to have sensitivities!

Estranged from his now disbelieving family, the man applied for welfare. Welfare officials did the same thing, again by prejudice rather than examination. Disabled, estranged from his family, dismissed by welfare, he shot himself and died. Then his brother, who had been on his case on the advice of public health officials, attempted suicide in remorse.

This was yet one more in a string of suicides - except this time the provincial coroner had been warned it was going to happen. Chief Coroner Ross Bennett wrote to the abusive ministries, pointing out that traditions call for compassion while science is being developed.

That year the O.M.A. wrote Premier Peterson's office to make the same point. While science is being developed, "it is important to avoid blaming the victim". The Ministry of Social Services made some improvements. The Ministry of Health, in particular the Chief Medical Officer of Health and the Deputy Minister continued to equivocate.

They continued to allow that the position Thomson had deemed "clearly untenable" was credible in the debate. Did provincial health officials continue to quibble, knowing the continuing expense to consumers, to excuse their own on-going abusiveness?

People with sensitivities are not just victims of a sin of omission, the denial of access to appropriate health care. We are victims of a sin of commission. Damaging actions based on conjecture continue to cause very real and very serious damages. While there are vast improvements in other Ministries, and despite approaches from several medical and health groups, clouds of attitudinal pollution

have not lifted from around most provincially operated health institutions in this province, as I suspect they have not in others.

We don't need scientific evidence to argue for freedom from arbitrary interference. If we fall for the argument that says we do, WE are placing the presumption on the wrong side, WE are adopting the mindset of our abusers.

Evidence is needed to detract from a person, not to accord them respect. Many persons with sensitivities have been brainwashed into presuming that their credibility is open to question (in ways and on grounds that other peoples' is not) simply because they have this disability. The acceptance of this line of thought is a classic example of taking on the mindset of the abuser, adopting the rationalization he uses to deny his abusiveness.

This column is intended to describe the nature, rather than the extent, of the abuse we have endured. As mentioned at the beginning of this column, the manner in which authorities are now trying to excuse their abusiveness is resulting in further damages. Next time I'll talk about how this cover up is resulting in further abuse and damages, and how consumers and even supportive professionals enable the abuser. ☹

*Chris Brown has thirty years experience with church, social justice, and community development organizations. He has used video as a tool in community animation and community development, to forward social justice and disability issues, in Ottawa, overseas, and in remote First Nations. He acted as media relations person for the African National Congress for their first official visit to Ottawa.*

*For five years, until being overwhelmed in 1984 by the damages being caused by attitudinal pollution about sensitivities, he worked as a CBC TV journalist. He has served on the Ottawa-Carleton Social Planning Council.*

*Currently, Chris is working to end the abuse, by physicians, of persons with central nervous system dysfunction caused by sensitivities, through legislative committees, and networking with other individuals and associations involved in government, medicine, and the cross-disability movement.*

*His email address is:  
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- how you are dealing with the illness
- how you think you got it
- what therapies you have tried and have been successful and
- what state your health is in now

You may also write for a family member. Not all articles will be published and some may be edited.

We also encourage articles on any subject which may be of benefit to the readers (for example, opinion, humor, thought provoking, etc.).

Please include a one to two paragraph biography of yourself.

### Criteria

#### Articles

- Length: 1,000 to 2,000 words
- must be original material
- must be in good taste
- submitted by (in order of preference)
  - email (temporary address): david\_a\_cheyne@bbs.mmcs.com

- computer diskette (IBM or Mac, MS Word, Word Perfect or Text format)
- laser printed
- typed

#### Cartoons

- must be original material
- must be in good taste
- include child's age, if 16 or younger
- if using paper:
  - must be line art using pen, marker or DARK pencil
  - use WHITE paper
- if on diskette or e-mail:
  - use TIFF, EPS or GIF format (other formats may be OK)

# Special

## Rachel Carson and Biologically Active Plastics

By Michael P. Milburn, PhD, Waterloo, ON

**R**achel Carson was an American scientist with a reputation for careful and meticulous work. She was also an award winning writer known for elegant and insightful prose. Her 1962 book *Silent Spring* warned of the dangers of chemical pesticides. *Silent Spring* set out some deeply disturbing issues in a way that touched off a world wide environmental movement.

Working several decades after *Silent Spring*, in the shadow of Rachel Carson, Theo Colborn is creating her own legacy. It was not until after the age of fifty that Colborn returned to school, pursuing a PhD. A nature lover, Colborn fulfilled, at age 58, a life-long dream of getting a degree in ecology. Colborn then became involved in a project looking at the health of the Great Lakes, those great cesspools of modern civilization.

While the condition of the Lakes had improved (or at least stabilized), due to the "greening" of government and industry, Colborn sensed that things were still not what they should be. Much of the scientific (and public) interest in toxics had revolved around the question of cancer. No doubt this was (and is) important work, but it has also served as a blind to the possibility of other concerns. Colborn almost fell into this trap.

Yet Colborn began to see links between the research work of various scientists investigating the biological effects of chemicals. She found that animals highest on the food chain were having the biggest problems, especially

with reproduction and development. She began to wonder if many of these chemicals were actually interfering with hormonal systems, disrupting vital regulatory processes and causing a host of illnesses. Colborn's book, *Our Stolen Future*, written with Pete Myers and Dianne Dumanoski, gives an overview of the potential problem.

A pre-publication excerpt from the book published in the March, 1996 issue of *Natural History* magazine (upon which this article is based) describes the book as follows:

"[The authors] have found that hormone-disrupting chemicals are ubiquitous and that the pathologies they cause may result even from extremely low levels of exposure. Although many synthetic chemicals have been tested for carcinogenic effects, few have been scrutinized for their impact on the human endocrine system. As the authors of *Our Stolen Future* observe, if such substances are causing wide-scale disruption of the hormones that enable us to grow and reproduce, we may be witnessing an evolutionary tragedy in the making."

What we are talking about here is various human-made chemicals, many of them widely dispersed throughout the environment, getting into animals and people, gumming up the works and causing a whole host of problems. Scientists have looked at problems from thyroid disruptions, fertility changes, birth deformities, and weakened immune systems. In my opinion, since the Colborn hypothesis envisions a disruption of or-

ganization and regulation, not specific diseases, this may be the seed of understanding a wide range of systemic health problems that remain enigmatic.

*Our Stolen Future* profiles decades of research. Bald eagles in Florida were found to be sterile in the 1940s. Britain's otters began to disappear in the 1950s: Research pointed to a synthetic chemical cause. Mink raised in farms around the Great Lakes were fed fish, and began to suffer dramatic reproductive problems: Studies linked the problem to PCBs. In the 1970s, Californian gulls experienced a shortage of males: Researchers wondered if pesticides were feminizing male embryos. In the 1980s, 60 percent of alligators in one Florida lake had abnormally small penises. And this decade, researchers have begun to focus on human reproductive problems, pointing to a decline in male fertility.

The Colborn hypothesis works like this. Hormones are chemicals produced in the body, used to regulate and control physiological processes. Hormones travel to parts of the body where they are to do their work. Cells have molecules called receptors that can link with these hormones, in a sort of lock and key interaction. When a receptor links with a hormone, changes are produced in the cell. It is like a key turning on the ignition.

The problem seems to be that various synthetic chemicals can mimic a hormone's ability to link with a receptor. While the concentration of hormones is very precisely controlled by the body, these unnatural molecules are not sub-

ject to the normal control of hormones. Thus these molecules can produce disruptive and dangerous effects. Over fifty hormone-mimicking chemicals have been identified by scientists to date; some mimic estrogen, an important well-known regulating chemical, others can conflict with thyroid and testosterone processes. There is evidence such hormone-mimicking chemicals have "major cumulative effects" at "seemingly insignificant quantities" and can work synergetically to produce effects not seen individually.

Serendipity has played an important role in many discoveries about hormone-mimics. A team at Tufts Medical School in Boston, for example, was looking at laboratory colonies of human breast cancer cells that multiply under the influence of estrogen. They were trying to find what caused the cells to stop growing when estrogen was removed. One day things went horribly wrong with their experiment. All the cells, even the ones without estrogen, were growing like crazy. Contamination was suspected.

It took the scientists months to trace the source of contamination to a plastic tube used in the course of preparing the cell cultures. A chemical called p-nonylphenol - a type of chemical put in plastics like polystyrene and PVCs to make them sturdier - was the problem. It had been added to the plastic in the tube recently by the manufacturer (Corning) who had not indicated any such change in their catalog. The scientists got concerned. They found that PVC type plastics containing these hormone-mimicking chemicals were widely used in food processing and packaging, and even as water piping. They showed that hormone-mimicking effects like the ones they observed in cell colonies grown in the lab could also occur in rats.

The story doesn't end there. Chemicals able to break down into the type of estrogen-mimicking compound that ruined the Tufts experiments by causing wild growth of breast cancer cells in the laboratory could also be found in many detergents and personal-care products. These alkylphenol polyethoxylates were used since the 1940s, but banned in Europe in the late 1980s because they were toxic to aquatic ecosystems. The

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United States was still consuming a whopping 450 million pounds a year in 1990!! As *Our Stolen Future* points out, here was a potential danger where you would least expect it: in products usually considered benign and inert and found in everyone's kitchens and bathrooms.

A laboratory in Stanford University, around the same time, also found an estrogen-mimicking chemical, this time in an entirely different type of plastic, polycarbonate, used not only to produce lab flasks, but the large plastic bottles used for drinking water!! In meetings with GE Plastics Company, the plastic maker, the Stanford scientists learned that this hormone-mimic, bisphenol-A, was known to leach out from the plastic, and the company had tried to develop a procedure to deal with this problem. Yet, the company's equipment could not measure bisphenol-A at levels below 10 ppb, while only 2-5 ppb was able to cause effects in the laboratory cells at Stanford.

After hearing of reports of these "biologically active plastics," a group of researchers in Spain looked at the plastic coatings in food cans, used to avoid metal contamination. Such coatings are used in most canned food in the United States (and, I presume, Canada). They found the same chemical that had affected experiments in the Stanford lab in "stunningly high concentrations" in corn, peas and artichokes, and all told, in 50 % of the canned foods they studied.

Some cans contained as much as 27 times the amount needed to make breast cancer cells grow in the laboratory.

*Our Stolen Future* asks whether we have been suffering from 50 years of exposure to these imposter hormones? Have destinies already been affected because natural chemical messages have been disrupted by un-natural products? Apparently some scientists think so, and wonder how broad the impact has been, a difficult question because of the type of contamination, the effects over generations, and the long periods of time for effects to set in.

"The chemical age has created products, institutions, and cultural attitudes that require synthetic chemicals to sustain them. The task that confronts us over the next half century is one of redesign. We must find safer ways to meet human needs. As we work to create a future where children can be born free of chemical contamination, our scientific knowledge and technological expertise will be crucial. Nothing, however, will be more important to human well-being and survival than the wisdom to appreciate that however great our knowledge, our ignorance is even greater."

I have not yet had a chance to read the whole book, just the pre-published excerpts. I certainly do not feel the same about plastics, and heard recently that one Ontario community was banning the use of PVC-type water pipes. If the Colborn-hypothesis is strengthened as more researchers look into this problem, I think many more such actions will have to be considered, as the above quote from *Our Stolen Future* shows.

At the personal level, I was recently fitted with a plastic-type dental appliance. I took a bad reaction to it. (I am still tracking down exactly what it was made of.) The chemically and electromagnetically sensitive individuals in our society are the canaries and guinea pigs. I am wondering if others are reactive to plastic materials, dental appliances, water from a plastic water jug, canned food (with plastic linings), or anything else related to plastic. If so, I would like to hear from you about your experiences. I can be emailed at 103362.3404@compuserve.com or contacted through National UPDATE.

# Directory - Products

## Books

**New World Publishing**  
Publishers of  
"Freedom to Fly"  
P.O. Box 36075  
Halifax, N.S.  
B3J 3S9  
(902) 423-0582  
E-mail: nwp@ra.isisnet.com

## Natural Fertilizers

**Bear Cove Resources**  
Seaweed Fertilizer  
142 East Berlin Rd.  
R.R. 1, Brooklyn, NS  
B0J 1H0  
(902) 354-3687

## Cleaning Supplies

**Down East  
Environmental Home  
Care Products**  
20 Wright Avenue  
Dartmouth, N.S.  
B3B 1G6  
(902) 468-8180

## Clothing

**Turner Designs**  
100% Cotton Bedding/  
Clothing  
Box 151  
Perdue, Sask.  
S0K 3C0  
(306) 237-4674

## Medical Supplies

**Buckley's Drug Store**  
IV Supplies  
6247 Jubilee Rd.  
Halifax, N.S.  
B3H 2G4  
(902) 423-7533

## Vitamins, Supplements, Natural Remedies

**Super Blue Green Algae**  
Carole St. John  
202 Windmill Rd.  
Dartmouth, N.S.  
B3A 1E9  
(902) 465-5596

## Everest Foods

**Essiac**  
Unit 407, 10 Caxton Close  
Halifax, N.S.  
B3M 4J7  
445-4010

## Flora Manufacturing & Distributing

Vitamins & Supplements  
7400 Fraser Park Drive  
Burnaby, BC  
V5J 5B9  
(604) 436-6000

## Personal Care Products

## Herbal Health - Skin Care Products

1019 Lodge Ave.  
Victoria, B.C.  
V8X 3B1  
(604) 384-8892

## Air/Water Filtration Systems

**Tibbits Clean Air  
Machine Corp.**  
Commercial/Residential  
P.O. Box 1016  
Cobourg, Ont.  
K9A 4W4  
(905) 372-7082

## Air/Water Filtration Systems

**Electrofilter Ecologizers**  
Commercial/Residential  
Douglas Rosevear  
48 Parfield Drive  
Willowdale, Ont.  
M2J 1C3  
(416) 491-5025

## Fresh Air Systems Ltd.

Living Air Filtration Systems  
Box 53, Site 6, RR 1  
Waverley, NS  
B0N 2S0  
(902) 434-1834

## Waterizer Canada Inc.

Living Air & Clearveil Air  
Filters  
P.O. Box 44116  
Bedford, NS  
B4A 3X5  
(902) 835-4934

## Helen Lofgren

Austin Air &  
RH of Texas Water Filters  
47 Albion Rd.  
Halifax, N.S.  
B3P 1P8  
(902) 477-4022

## Hometite Services

Ventilation & Air  
Purification Systems  
P.O. Box 5310  
Armdale, N.S.  
B3L 4S7  
422-1564

## Mail Order

**P'lovers  
An Environmental  
Catalogue**  
Park Lane Mall  
5657 Spring Garden Rd.  
Halifax, N.S.  
B3J 3R4  
(902) 422-6060  
Free Catalogue  
1-800-565-2998

**Healthy Environmental  
Alternative Lifestyles**  
494 Truro Heights Rd.  
Truro, N.S.  
B2N 5A9  
Free Catalogue  
1-800-841-7991  
e-Mail: heal@ns.sympatico.ca

## Environmentally Safe Houses For Sale

**Martin Maier**  
RR #1  
Barss Corner, N.S.  
B0R 1A0  
(902) 644-3947

**Gary & Vivian Malmo**  
1809 Cedar Road South  
Lethbridge, Alberta  
T1K 4P7  
(403) 320-1428

**See page 63  
for Directory rates**



# Directory – Services

## Hair & Skin Care

**Specially For You**  
Heather Dow  
37 Limestone Ave.  
Fall River, N.S.  
(902) 860-0045

## Financial Planning

**Hugh d'Entremont**  
12 Queen St., Suite 202  
Dartmouth, NS  
B2Y 1E7  
(902) 461-4065

## Cleaning Services

**PowerVac**  
933 Cobequid Rd.  
P.O. Box 100  
Waverley, N.S.  
B0N 2S0  
(902) 860-2425

## Legal Services

**Myra Batalion**  
Eastern Shore Law Centre  
P.O. Box 357  
Musquidoboit Harbour, N.S.  
B0J 2L0  
(902) 889-3796

## Air Quality Consulting Services

**Eco-Heal Enterprises**  
Katy Young, Consultant  
1019 Lodge Ave.  
Victoria, B.C.  
V8X 3B1  
(604) 384-8892

## Air Quality Consulting Services

**Healthy Homes Consulting**  
Robin & Audrey Barrett  
Books, Test Kits, Consulting Services  
20 Maplewood Court  
Lower Sackville, N.S.  
B4G 1B6  
(902) 864-1955

**OCL Services Ltd.**  
Commercial/Residential  
Site Assessment &  
Remediation  
Suite 620, 33 Alderney Drive  
Dartmouth, N.S.  
B2Y 2N4  
(902) 463-0114

## Reflexology

**Honour Tett**  
R.R. 2  
Middleton, N.S.  
B0S 1P0  
(902) 825-3954

## Nutritional Counselling

**The Macrobiotics East Group**  
Box 3402  
Halifax, N.S.  
B3J 3J1  
(902) 422-3524

## Jin Shin Jyutsu

**Jacqueline Connaughton**  
R.R. 3  
Canning, N.S.  
B0P 1H0  
(902) 582-1305

## Massage Therapists

**Stacey Opalka**  
5880 Spring Garden Rd., Suite 408  
Halifax, NS  
B3H 1Y1  
(902) 423-0155

## Chiropractic

**Helson Chiropractic Health Centre**  
Dr. Eric Helson  
590 Portland St.  
Dartmouth, N.S.  
B2W 6B7  
(902) 434-8816

## Classified Ads

### Personal Care Products

**Herbal Health™ Skin Care Products**  
were designed for the needs of sensitive individuals. Herbal Health™ creams are made with only the highest quality organic herbs. Choose from – Antiseptic & Healing, Baby's Bottom, Body Massage, Candida Care, Eczema & Psoriasis, Nerve Balm.  
(604) 384-8892

### Air Filters

**FOR SALE: Austin Health System Air Purifier**  
Two years old, but used only 8 months. Asking \$360.  
(902) 769-2275

**Want to place a classified ad?**  
See page 63 for details.

# Directory – Organic & Natural Foods

## Retailers

### The Natural Food Market

75 Bridgeport Rd. East  
Waterloo, Ont.  
N2J 2K1  
(519) 884-1811

### Great Ocean Natural Foods

6112 Quinpool Rd.  
Halifax, N.S.  
B3L 1A3  
(902) 425-7400

### Super Natural Health Products

5755 Young St.  
Halifax, N.S.  
B3K 1Z9  
(902) 454-9999

### Mary Jane's Alternative Tastes Ltd.

1313 Hollis St.  
Halifax, N.S.  
B3J 1T8  
(902) 421-1313

### Super Natural Foods

Maritime Mall, 1505 Barrington St.  
Halifax, N.S.  
B3J 3K5  
(902) 423-8630

### Bulk Basket

978 Cole Harbour Rd.  
Dartmouth, NS  
B2V 1E7  
(902) 462-3765

### Heartwood Bakery & Café

6250 Quinpool Rd.  
Halifax, NS  
B3L 1A3  
(902) 860-2915

### Boland's IGA

Box 33119  
Halifax, N.S.  
B3L 4T6  
(902) 876-7881

### Austrian Smokehaus

R.R. 6, Truro, Highway 311  
Upper North River, NS  
B2N 5B4  
(902) 897-6116

## Producers

### Silverado Cattle Company

c/o Minas View Farms Ltd.  
RR#3  
Wolfville, N.S.  
B0P 1X0  
(902) 542-5130  
BE

### Little Dorset Farms

Maureen Legg  
R.R. 4, Middle Musquodoboit  
Halifax County, N.S.  
B0N 1X0  
(902) 384-2593  
PK PY BE EG

### ColdSpring Farm

Paul & Ruth Colville  
R.R. 4  
Middleton, N.S.  
B0S 1P0  
1-800-661-4401  
CERT PR PY BE EG

### Selwood Green

Norbert Kungl  
Box 116  
Walton-Bramber, N.S.  
B0N 2R0  
(902) 633-2292  
CERT PR EG

### Speerville Flour Mill

Stu Fleischhaker  
R.R. 5  
Debec, NB  
E0J 1J0  
(506) 277-6371  
CERT FG

## Legend

PR=Produce, PY=Poultry, PK=Pork, BE=Beef, EG=Eggs, FG=Flours/Grains, MO=Meat Other  
CERT=Certified Organic

# National AEHA UPdate

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Ad Rates	One Issue	Full Year	Ad Sizes (inches)	Tall	Wide
Business Card	\$25	\$75	Business Card (Standard)	2	3 1/2
Quarter Page	50	150	Business Card (1 col.)	3 1/8	2 1/4
Third Page	70	210	Quarter Page (full width)	2 1/4	7 1/8
Half Page	90	270	Quarter Page (half width)	4 1/2	3 1/2
Full Page	160	480	Quarter Page (1 col.)	6 1/2	2 1/4
Classified Ads**	5	15	Quarter Page (2 col.)	3 1/4	4 11/16
Directory Listing***		15	Third Page (full width)	3	7 1/8
			Third Page (1 col.)	9 1/4	2 1/4
			Third Page (2 col.)	4 1/2	4 11/16
			Half Page (full width)	4 1/2	7 1/8
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\* Note: AEHA members get a \$2.50 discount for one issue ad and a \$10.00 discount for a full year ad (because copy of UPdate doesn't have to be sent to them).

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### To place an ad or directory listing:

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Mic Mac RPO  
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B3A 4T4

**Phone:** Kim Jeffrey  
(902) 445-4163

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Card**  
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(half width)

**Bus. Card**  
(standard)

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# AEHA/AASE Branches

## Western Canada

### British Columbia

Ecological Health Alliance  
Contact: Katy Young  
1019 Lodge Ave.  
Victoria, BC  
V8X 3B1  
(604) 384-8892

## Central Canada

### Ottawa

Contact: Lesli Grae Rotor  
343 Roxdale Ave.  
Orleans, ON  
K1E 1T9  
(613) 830-7968

### Kitchener

Contact: Donna Keddie  
513 Quiet Place #2  
Waterloo, ON  
N2L 5L6  
(519) 885-2803

## Hamilton-Burlington

Contact: Linda De Marchi  
3162 Bentworth Dr.  
Burlington, ON  
L7M 1M2  
(905) 336-2562

## Waterloo-Wellington

Contact: Nora Schallhorn  
11 Drew Ave.  
Cambridge, ON  
N1S 3R2  
(519) 621-0245

## → Quebec

Contact: Joy Carroll  
3-5830 Monkland Ave.  
NDG, Montreal, PQ  
H4A 1G1  
(514) 481-0139

## Atlantic Canada

### New Brunswick

Contact: Margaret Kelly  
35 Shirley Ave.  
Moncton, NB  
E1C 6N3  
(506) 855-4990

### Nova Scotia

Contact: Greg Booth  
315 Purcell's Cove Rd.  
Halifax, NS  
B3P 1C5  
(902) 477-5803

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Jane Mason 248-